

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION**

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|--|---|--|
| STEPHON LINDSAY, #207044, |) | |
| |) | |
| PLAINTIFF, |) | |
| |) | |
| v. |) | CIVIL ACTION No.: 2:07-CV-399-MHT |
| |) | [WC] |
| RICHARD ALLEN, WARDEN |) | |
| CUMMINS, SANDRA GILES, |) | |
| SYLVESTER NETTLES, RUTHIE |) | |
| PERRY, J. HUDSON, L. HERBERT, |) | |
| CORRECTIONAL OFFICER |) | |
| SCREECHER, CORRECTIONAL |) | |
| OFFICER HAMPTON, CORRECTIONAL |) | |
| OFFICER TALLEY, CORRECTIONAL |) | |
| OFFICER BENNETT, A. JACKSON, |) | |
| CORRECTIONAL OFFICER BASKIN, |) | |
| CORRECTIONAL OFFICER MARTIN, |) | |
| CORRECTIONAL OFFICER HILL, |) | |
| CORRECTIONAL OFFICER CURRY, |) | |
| CORRECTIONAL OFFICER BEECHAM, |) | |
| CORRECTIONAL OFFICER BAILEY, |) | |
| CORRECTIONAL OFFICER HANES, |) | |
| PRISON HEALTH SERVICES, INC., DR. |) | |
| TAHIR SIDDIQ, NURSE ETHEN, AND |) | |
| NURSE JACQUELINE DUBOSE, |) | |
| |) | |
| DEFENDANTS. |) | |

**SPECIAL REPORT AND ANSWER OF DEFENDANTS DR. TAHIR SIDDIQ,
JACQUELINE DUBOSE AND PRISON HEALTH SERVICES, INC.**

COME NOW, Defendants DR. TAHIR SIDDIQ (“Dr. Siddiq”), JACQUELINE DUBOSE (“Nurse Dubose”) and PRISON HEALTH SERVICES, INC. (“PHS,” collectively with Dr. Siddiq and Nurse Dubose, the “Medical Defendants”), pursuant to this Court’s Order dated June 13, 2007, requiring Medical Defendants to provide their Special Report and Answer,

and submit the following Special Report and Answer addressing the allegations asserted by Plaintiff STEPHON LINDSAY (“Plaintiff”):

I. INITIAL DISCLOSURES

Medical Defendants make the following initial disclosures as required by this Court’s June 13, 2007, Order for Special Report:

- A. The sworn statement of Dr. Tahir Siddiq;¹
- B. The sworn statement of Jacqueline Dubose²; and
- C. The sworn statement of Nettie Burks with a true and correct copy of excerpts from Plaintiff’s medical records attached thereto.³

II. NARRATIVE STATEMENT OF UNDISPUTED FACTS

A. PROCEDURAL HISTORY

Plaintiff instituted this action against Medical Defendants as well as numerous other officers and officials of the Alabama Department of Corrections (collectively, the “Correctional Defendants”) on or about May 8, 2007. (See Complaint). Plaintiff claims, in substantial part, that Medical and Correctional Defendants allegedly violated his constitutional rights on or around January 8, 2007. (Id. at p. 2). With regard to Medical Defendants, Plaintiff specifically alleges that, following a purported altercation with some of the Correctional Defendants, Medical Defendants acted with deliberate indifference to his serious medical needs by waiting six (6)

¹ A true and correct copy of Dr. Tahir Siddiq’s affidavit (“Siddiq Aff.”) is attached hereto as **Exhibit A** and incorporated herein by reference.

² A true and correct copy of Jacqueline Dubose’s affidavit (“Dubose Aff.”) is attached hereto as **Exhibit B** and incorporated herein by reference.

³ A true and correct copy of Nettie Burks’ affidavit (“Burks Affidavit”) is attached hereto as **Exhibit C** and incorporated herein by reference. For purposes of this Special Report and Answer, Medical Defendants will cite to and refer to portions of Plaintiff’s medical records by Bates-number which begin with the prefix “PHS.”

days before performing an x-ray of his left wrist, delaying 11 days before providing Plaintiff with any alleged treatment for his wrist and/or failing to provide him with pain medication. (Id. at p. 3). In a nine-page affidavit attached to his Complaint, Plaintiff provides the some details of his purported altercation with some of the Correctional Defendants and the events that transpired following this purported altercation. (Id. and Affidavit attached thereto (“Plaintiff Aff.”)).

At approximately 4:00 p.m. on January 8, 2007, an alleged verbal and/or physical altercation occurred between Plaintiff and some of the Correctional Officers after some Correctional Defendants, according to Plaintiff, discovered Plaintiff sitting in an area of Bullock Correctional Facility (“Bullock”) with the fly of his pants unbuttoned while watching a member of the female correctional staff. (Plaintiff Aff. at pp. 1-2). Plaintiff claims he was subsequently injured by some of the Correctional Defendants in a physical altercation. (See Plaintiff Aff.). After the altercation with some of the Correctional Defendants, Plaintiff acknowledges the officers brought him to the Bullock Health Care Unit for evaluation by the medical staff. (Id. at p. 4). Though Plaintiff alleges that some of the Correctional Defendants continued to assault him during his time in the Bullock Health Care Unit on January 8, 2007, he does not specifically identify any member of the Bullock medical staff who was allegedly present at the time of this alleged second assault. (Id. at p. 5).

Plaintiff acknowledges receiving medical treatment once he arrived in the Bullock Health Care Unit. (Id. at p. 6). Plaintiff admits the medical staff treated the cuts in his legs and “cleaned out the mace from [his] eyes.” (Id. at p. 6). Plaintiff was then moved into a segregation cell. (Id. at p. 6). According to Plaintiff, he allegedly remained in segregation for “six (6) days . . . with no medical attention for [his] bleeding leg, broken wrist, or any of the other numerous bruises and battered places on [his] boy.” (Id. at p. 6). Notably, Plaintiff does not allege that he ever

mentioned any pain or discomfort or requested any medical attention from any member of the medical staff at Bullock until January 15, 2007 (approximately seven (7) days after the alleged altercation). (Complaint at pp. 5-6).

Plaintiff alleges he “constantly informed the officers daily that [he] was in pain . . . [and] begged for pain medication.” (*Id.* at p. 6). Plaintiff also avers that he did not have an x-ray of his wrist until January 15, 2007, did not receive any medication for pain, saw a specialist regarding potential surgery for his wrist on January 17, 2007, underwent wrist surgery on January 19, 2007, did not receive any pain medication until January 21, 2007, attended a post-operation appointment with the specialist on February 9, 2007, had the staples from surgery removed on February 21, 2007 and then experienced an infection at the site of the surgical incision on February 14, 2007. (*Id.* at pp. 7-8).

Though Plaintiff claims he submitted written complaints to the ADOC Commissioner and the warden at Bullock regarding his treatment, he does not allege he ever invoked or engaged in the grievance process available to inmates at Bullock regarding their medical treatment. (*Id.* at p. 8).

B. PROCESSES AND PROCEDURES AT BULLOCK CORRECTIONAL FACILITY

1. SICK CALL PROCESS

Upon arriving at any ADOC facility, inmates are notified of the procedures and processes for obtaining medical care and prescribed medications. (Siddiq Aff. at ¶ 4; Burks Affidavit and PHS000002-PHS000008). The health care units within ADOC facilities generally rely upon the same procedures for obtaining emergency and non-emergency (*i.e.* sick call) medical treatment, conducting chronic care clinics, medication administration,, segregation sick call and the like and permitting an inmates invocation of and participation in a grievance process. (*Id.*). As part of

this medical staff's orientation of inmates, inmates are provided a form entitled "ACCESS TO HEALTHCARE SERVICES." (Id.). Throughout his incarceration within the ADOC system, Plaintiff signed and/or acknowledged reading several the "ACCESS TO HEALTHCARE SERVICES" forms included in his medical records. (Id.).

When an inmate has a non-emergency⁴ medical or health problem and/or complaint at Bullock, an inmate may file a sick call request form in order to bring this problem or complaint to the attention of the medical staff and/or request medical treatment for this problem. (Siddiq Aff. at ¶ 4). The sick call request process is well-known at Bullock and is utilized by inmates on a daily basis. (Id.). In the "ACCESS TO HEALTHCARE SERVICES" form, inmates are provided a complete description of the sick call process. (Siddiq Aff. at ¶ 4; Burks Aff. and PHS000003). The "ACCESS TO HEALTHCARE SERVICES" form begins with the following paragraph:

Treatment for routine health services complaints are processed through nurse sick-call screening seven days a week. You must complete a sick-call screening form for requested healthcare evaluation.

(Burks Aff. and PHS000003). The "ACCESS TO HEALTHCARE SERVICES" form specifically provides, "Nurse's issue and collect sick call requests, screening slips in the segregation\lock-up housing areas." (Burks Aff. and PHS000003). For inmates housed in general

⁴ In the event of a medical emergency, inmates are instructed through the "ACCESS TO HEALTHCARE SERVICES" form as follows:

"Medical emergencies such as those involving intense pain, potential life-threatening situations or when delaying treatment might cause permanent damage or dealt with at any time. ***Advise the nearest correctional officer of an emergency so prompt access to health services is provided.***"

(Burks Aff. and PHS000003 (emphasis supplied)).

population areas, sick call request forms are available at the Health Care Unit and at various locations throughout the facility. (Siddiq Aff. at ¶ 4).

An inmate making a sick call request is required to complete the top portion of the sick call request form (stating his name, the date of request, AIS number, date of birth, dorm location, the nature of the problem or request and his signature). (Id.). The inmate then submits the sick call request form by placing it in one of the many locked boxes located throughout the facility. (Id.). The sick call request forms are removed from the locked box each day at approximately 12:00 p.m., brought to the Health Care Unit and marked as received by the medical records clerk or a nurse at that time. (Id.).

Upon reviewing the sick call request forms, the medical staff compiles a list of inmates that have submitted sick call request forms and provides the list to the Alabama Department of Corrections officer assigned to the Health Care Unit. (Id.). The Health Care Unit officer summons the patients by radio. (Id.). Sick call occurs at 7:30 a.m. (Id.). Inmates who submit sick call request forms are responsible for reporting to the Health Care Unit for evaluation of their complaints. (Id.). The nurse conducting sick call takes inmates' vital signs and either: (1) provides an inmate with medical treatment that can be provided under the nursing protocols, or (2) refers the inmate to the physician or nurse practitioner on staff at Bullock. (Id.). If an inmate submits more than one (1) sick call request form on the same day, the nurse will only fill in the intake information on one (1) sick call request form regarding the inmate's subjective complaints, objective vital signs, assessment and plan. (Id.).

A submitted sick call request form that is not completed by PHS's medical staff indicates that an inmate failed to report when summoned to sick call. (Id.). If the medical complaints or problems identified by an inmate in a sick call request form appear to be urgent or life-

threatening, the medical staff will immediately have the inmate brought to the Health Care Unit for medical treatment, and the inmate will not be required to wait until sick call begins. (Id.).

Plaintiff's medical records demonstrate his familiarity with and reliance upon this process throughout his incarceration. Over the course of the past seven years, Plaintiff has requested medical treatment through "sick-call request" forms regarding dental problems, cold and/or flu symptoms, swelling on his face and neck, and abdominal pain. (Burks Aff. and PHS000049-53, 81-84, 93-97). Between December 7, 1999, and April 2, 2007, Plaintiff submitted approximately 16 requests for medical treatment. (Id.).

2. MEDICATION ADMINISTRATION ("PILL CALL") PROCESS

As set forth in the "ACCESS TO HEALTHCARE SERVICES" form, inmates receive prescribed medication through the process commonly referred to as "pill call." (Siddiq Aff. at ¶ 5). Pill call occurs for the general population at Bullock (i.e. inmates who are not housed in segregation) every day at 6 a.m. and 6 p.m. (Id.). At these designated times, inmates line up outside of two pill call windows outside of the health care unit. (Id.). When the inmate arrives at the pill call window, he provides a member of the medical staff who is standing on the other side of the pill call window with his identification badge which is issued by the Alabama Department of Corrections. (Id.). The member of the medical staff then retrieves the inmate's medication which is organized alphabetically and punches the medication out of a medication blister pack into a small plastic cup. (Id.). The medication is provided to the inmate who is required to immediately take the medication. (Id.).

As the pill call process progresses, the medical staff conducting pill call records the disbursement of medication on forms known as "Medication Administration Records" or MARs. (Id.). These MARs are maintained and filed in the individual inmates' medical records. (Id.).

Once the medications are dispensed, the medical staff member records the dispensing of medication by placing his initial or initials in the space provided on the corresponding MAR. (*Id.*). If an inmate does not report to pill call to retrieve his medication, the medical staff member will either (1) leave the form blank, or (2) place the letter “A” or “a” in the space provided, indicating the inmate was “absent.” (*Id.*). If the medical staff conducting pill call discovers an inmate’s medication has run out, expired or cannot otherwise be dispensed to the inmate, the medical staff at Bullock is instructed to document the unavailability of the medication and notify their supervisor or the prescribing physician immediately. (*Id.*).

4. SEGREGATION ROUNDS AT BULLOCK

As indicated in the medical records maintained by the medical staff at Bullock, members of the medical staff conduct evaluation rounds within the segregation unit at Bullock at least three times a day, documenting the occurrence of the visit, any complaints voiced by an inmate, and medications administered during the evaluation rounds. (Burks Aff. and PHS000011-15). The “ACCESS TO HEALTHCARE SERVICES” form also notifies inmates that medication is administered in segregation pursuant to a “lock-up pill call” procedure through which the medical staff administers medications to inmates housed in segregation at three different points in time during the day. (Burks Aff. and PHS000005). The administration of medication to inmates housed in segregation is also recorded in the daily segregation log maintained by the medical staff. (Burks Aff. and PHS000011-15).⁵

⁵ The Court will note that Plaintiff’s medical records submitted herewith do not include any records regarding segregation rounds conducted during Plaintiff’s incarceration in a segregation cell between January 8, 2007, and February 5, 2007. (See Burks Aff. and PHS000015). The medical staff was, in fact, notified of Plaintiff’s assignment to a segregation cell on January 8, 2007 at 4:53 p.m., as noted at the top of the “Segregation Unit Record Sheet.” (*Id.*). Dr. Siddiq was not aware of any instance, during this period of time, when segregation

Following the January 8, 2007, incident, Plaintiff was assigned to Bullock's segregation unit until March 11, 2007, though he left the segregation cell on numerous occasions to receive medical attention and specialty medical care. (Burks Aff. and PHS000011-15).

Plaintiff's assignment to segregation at Bullock was not first occasion Plaintiff was placed in segregation or the first time he was involved in an altercation in prison. In October of 2000, Plaintiff was examined by the medical staff at St. Clair Correctional Facility after he was stabbed with an ice pick in his right shoulder. (Burks Aff. and PHS000032). During 2001, Plaintiff was assigned to a segregation unit for approximately thirty-six days. (Burks Aff. and PHS000026-27). Plaintiff was incarcerated in segregation housing for almost the entire month of April, 2003, while incarcerated in Ventress Correctional Facility. (Burks Aff. and PHS000022, PHS000025). During 2004, Plaintiff was housed in the segregation unit at Holman Correctional Facility for approximately 25 days.⁶ (Burks Aff. and PHS000018-000020). Plaintiff was also housed in a segregation unit for approximately fifteen days during January and February of 2005. (Burks Aff. and PHS000017).

On each occasion, Plaintiff was assigned to the segregation unit in an ADOC facility, he received regular medical treatment and/or monitoring by the medical staff at these facilities, which documented such monitoring and/or treatment. (Burks Aff. and PHS000011-15, 17-20, 22, 25-27, 32).

4. GRIEVANCE PROCEDURE

PHS has a well-established grievance procedure for any inmate who wishes to voice a complaint regarding any medical treatment he has sought or received during his incarceration at

rounds did not occur at Bullock. (Siddiq Aff. at ¶ 6). In the event such records are located, Medical Defendants will promptly submit the same to the Court for its consideration.

⁶ In conjunction with this April, 2004, placement in segregation, Plaintiff also claimed he was struck by an ADOC officer. (Burks Aff. and PHS000021).

Bullock. (Siddiq Aff. at ¶ 7). The initial orientation process at Bullock also includes educating inmates as to the availability of the grievance process. (Id.). The existence of Bullock's grievance procedure is well-known among the prison population, as indicated by the fact that the Health Services Administrator at Bullock receives inmate requests and/or inmate grievances on a daily basis. (Id.). PHS's physicians, nurse practitioners, nurses and other medical personnel attempt to resolve all inmate concerns prior to an "inmate grievance" being submitted. (Id.). The grievance process is initiated when an inmate submits a Medical Complaint form to the Health Services Administrator through the institutional mail system. (Id.). This request is reviewed by the Health Services Administrator who provides a written response within five (5) days of receipt of the Medical Complaint. (Id.).

The medical staff's written response to a Medical Complaint is included on the bottom portion of same form containing an inmate's Medical Complaint. (Siddiq Aff. at ¶ 7). Below the portion of the form designated for the "Response," the following notation appears:

IF YOU ARE UNSATISFIED WITH THE RESPONSE, YOU
MAY FILE A MEDICAL GRIEVANCE USING THE PRISON
HEALTH SERVICES GRIEVANCE FORM.

(Id.). As stated in the Medical Complaint forms, the second step of the grievance process involves the submission of a formal Grievance (also referred to as an "appeal"). Written responses to formal Grievances are provided within five (5) days of receipt. (Id.).

Medical Complaint and Grievance forms are available from the correctional officers at Bullock. (Id.). Inmates are instructed to place completed Medical Complaint and Grievance forms in the sick call boxes located throughout the facility. (Id.). When received in the Health Care Unit, Medical Complaint and Grievance forms are sent to the Health Services Administrator by the medical records clerk or administrative assistant. (Id.). The Health Services

Administrator reviews the grievances daily, provides a written response within five days at the bottom of the form and returns a copy of the completed forms to the inmate. (Id.). The Health Services Administrator at Bullock encourages inmates who have complaints about the medical care they have sought or received at Bullock to utilize this grievance process. (Id.).

During the course of Plaintiff's incarceration at Bullock and his subsequent incarceration at Ventress Correctional Facility, he did not submit any grievances in accordance with the established grievance process or otherwise invoke this process. (Id.).

C. MEDICAL TREATMENT PROVIDED TO PLAINTIFF AFTER JANUARY 8, 2007, INCIDENT.

Plaintiff arrived at Bullock Correctional Facility on August 10, 2006, almost four months before the alleged January 8, 2007, incident. (Burks Aff. and PHS000088). At approximately 4:10 p.m. on January 8, 2007, Plaintiff appeared in the Bullock Health Care Unit for evaluation by the medical staff. (Siddiq Aff. at ¶ 8; Burks Aff. and PHS000087). At the time Plaintiff arrived at the Health Care Unit, he was handcuffed with his hands behind his back and accompanied by several correctional officers. (Id.). Dr. Siddiq did not see any correctional strike or restrain Plaintiff during his time in the Bullock Health Care Unit. (Siddiq Aff. at ¶ 8). No other member of the medical staff reported to Dr. Siddiq that they witnessed any correctional officers strike or even restrain Plaintiff during his visit to the Bullock Health Care Unit on January 8, 2007. (Id.). If Dr. Siddiq saw an inmate being mistreated in any way, he would report such conduct to either (1) the warden at Bullock, or (2) his regional supervisor. (Id.).

Upon evaluating Plaintiff, the medical staff noted that Plaintiff had a small abrasion to his back left elbow and to his left lower leg. (Siddiq Aff. at ¶ 9; Burks Aff. and PHS000087). Dr. Siddiq examined Plaintiff and noted that his eyes were red due to the use of pepper spray in the altercation. (Id.). Dr. Siddiq instructed the medical staff to rinse Plaintiff's eyes with a sterile

solution and clean his abrasions. (Id.). Dr. Siddiq prescribed Plaintiff 800 milligrams of Advil to be taken 3 times a day for 10 days and ordered Plaintiff to receive an x-ray of his lower left arm and lower left leg. (Siddiq Aff. at ¶ 9; Burks Aff. and PHS000054, 87).

The medical staff at Bullock maintains on-site x-ray equipment which is utilized on Mondays, Wednesdays and Fridays of each week. (Siddiq Aff. at ¶ 9). At the time Plaintiff arrived at the Bullock Health Care Unit, the x-ray technician at Bullock had left for the day, which was a Monday. (Id.). Given Plaintiff's agitated state at the time, there were serious questions as to whether Plaintiff would cooperate to permit an x-ray of his left wrist. (Id.). More importantly, Plaintiff did not appear to be any noticeable medical distress, which is not entirely uncommon for a patient with a broken bone. (Id.). Based upon his evaluation of Plaintiff at that time, Dr. Siddiq did not know if Plaintiff's left wrist was broken at the time. (Id.). As of the afternoon of January 8, 2007, Dr. Siddiq did not believe it was medically necessary for Plaintiff to undergo an immediate x-ray and did not believe that Plaintiff's wrist would be adversely affected if an x-ray was conducted when the x-ray technician returned on Wednesday. (Id.).

At the conclusion of the examination of Plaintiff on January 8, 2007, Dr. Siddiq notified Plaintiff that if he should need any additional medical treatment or experience any problems, he should immediately notify the medical staff. (Siddiq Aff. at ¶ 8; Burks Aff. and PHS000087). Plaintiff did not submit any sick call request during this period of time and the medical staff did not receive any request for treatment from Plaintiff between January 8, 2007 and January 10, 2007. (Siddiq Aff. at ¶ 9).

As indicated in Plaintiff's medical records, Plaintiff underwent the ordered x-rays on January 10, 2007. (Siddiq Aff. at ¶ 10; Burks Aff. and PHS000054). The following day Board certified radiologist, Dr. Howard P. Schiele, reviewed the results of the x-ray of Plaintiff's left

forearm. (Id.). Upon reviewing the results of the x-ray, Dr. Schiele discovered that, “[t]here is a transverse fracture involving the distal shaft of the left ulna with mild deformity at the fracture sights.” (Id.). Dr. Siddiq requested approval to refer Plaintiff to an orthopedic surgeon for evaluation of a possible fractured left wrist, which was promptly approved. (Siddiq Aff. at ¶ 10; Burks Aff. and PHS000063).

Plaintiff saw Dr. Chung, an orthopedic surgeon on January 13, 2007.⁷ (Siddiq Aff. at ¶ 10; Burks Aff. and PHS000068). That same day, the medical staff at Bullock received instructions from Dr. Chung indicating that Plaintiff should undergo surgery on his left forearm due to a fractured ulna. (Id.). Dr. Siddiq then requested approval for a January 19, 2007 surgery on Plaintiff’s fractured left forearm to be conducted at a local hospital. (Siddiq Aff. at ¶ 10; Burks Aff. and PHS000057). In anticipation of his upcoming surgery, Plaintiff underwent lab testing on January 16, 2007. (Siddiq Aff. at ¶ 10; Burks Aff. and PHS000056).

Plaintiff underwent surgery on his left wrist on January 19, 2007. (Siddiq Aff. at ¶ 11; Burks Aff. and PHS000064). The post-operative notes of the orthopedic surgeon dated January 19, 2007, instructed Plaintiff elevate his left arm, change the dressing on his surgical incision as necessary, provided pain medication as necessary, ordered Plaintiff to use only a bottom bunk and follow-up with a surgeon at his office. (Siddiq Aff. at ¶ 11; Burks Aff. and PHS000064). These instructions were subsequently provided to the medical staff at Bullock. (Siddiq Aff. at ¶ 11; Burks Aff. and PHS000059).

When Plaintiff returned to Bullock following his surgery, he was evaluated by a member of the medical staff and complained of some discomfort. (Burks Aff. and PHS000089). At that

⁷ Plaintiff’s evaluation by an orthopedic surgeon on January 13, 2007, directly disproves the allegation in Plaintiff’s Complaint that he did not receive any medical attention for six (6) days after being placed in segregation at Bullock on January 8, 2007.

time, Plaintiff received medication for his pain and the member of the medical staff noted that the orthopedic surgeon requested a follow-up appointment in two weeks. (*Id.*). On January 20, 2007, Dr. Siddiq entered orders for Plaintiff to elevate his arm, that he should receive Percogesic⁸ three times a day for two days and Cephalexin⁹ three times a day for two days. (Siddiq Aff. at ¶ 11; Burks Aff. and PHS000091). Dr. Siddiq also ordered Plaintiff to use only a bottom bunk for approximately 180 days and to report to the Bullock Health Care Unit as necessary to have the dressing to his left wrist changed. (Siddiq Aff. at ¶ 11; Burks Aff. and PHS000016, 91).

Plaintiff's medical administration records indicate that between January 20, 2007, and January 22, 2007, Plaintiff received Percogesic and the antibiotic Cephalexin. (Siddiq Aff. at ¶ 12; Burks Aff. and PHS000077). Between January 20, 2007 and January 31, 2007, Plaintiff received orders that he could obtain dressing changes to his left wrist as needed. (Siddiq Aff. at ¶ 12; Burks Aff. and PHS000077). On only two occasions, January 22 and 23, 2007, Plaintiff requested that the medical staff change the dressing to his left wrist. (Siddiq Aff. at ¶ 12; Burks Aff. and PHS000077).

On January 23, 2007, Dr. Siddiq requested approval for a follow-up appointment for Plaintiff with the surgeon who conducted the surgery on Plaintiff's left forearm, which was approved that same day. (Siddiq at ¶ 12; Burks Aff. and PHS000058). Dr. Siddiq later ordered a follow-up x-ray of Plaintiff's left arm on January 31, 2007. (Siddiq Aff. at ¶ 12; Burks Aff. and PHS000055). Dr. Maurice H. Rowell, a board certified radiologist, reviewed Plaintiff's January

⁸ Percogesic refers to acetaminophen which is often utilized to alleviate and/or relieve mild to moderate pain caused by various conditions. (Siddiq Aff. at ¶ 11 fn. 1).

⁹ Cephalexin is an antibiotic commonly prescribed to prevent post-operative bacterial infections. (Siddiq Aff. at ¶ 11 fn. 2).

31, 2007 x-ray of his left arm and determined that the bones within Plaintiff's left arm were "in good position and alignment." (*Id.*).

Between January 8, 2007 and February 27, 2007, Plaintiff did not submit any sick call request forms requesting any type of medical treatment or medication. Plaintiff submitted sick-call request forms on February 27, 2007 and March 2, 2007, requesting treatment for a "slight cold," but Plaintiff felt to appear for sick-call at the appointed time. (Burks Aff. and PHS000085-86). On March 8 and 9, 2007, Plaintiff submitted sick-call request forms complaining about cold-like symptoms. (Siddiq Aff. at ¶ 13; Burks Aff. and PHS000083-84). When seen by Dr. Siddiq on March 9, 2007, Plaintiff did not voice any complaints about his left wrist, but merely requested treatment for his cold-like symptoms, which were provided at that time. (Siddiq Aff. at ¶ 13; PHS000083-84).

Though Plaintiff submitted a sick-call request form dated April 2, 2007, requesting that his teeth be "checked and cleaned," Plaintiff failed to appear for any dental treatment on April 3, 2007. (Burks Aff. and PHS000082). Plaintiff appeared at sick-call on April 2, 2007. (*Id.*). At sick-call, a member of the medical staff examined Plaintiff and determined he was suffering from "cold symptoms," and instructed Plaintiff to rest and increase his intake and fluids and follow-up with the physician as necessary. (Burks Aff. and PHS000080).

Between April 2, 2007 and April 13, 2007, Dr. Siddiq prescribed Amoxil¹⁰ for Plaintiff to be administered over the course of eleven days. (Siddiq Aff. at ¶ 14; Burks Aff. and PHS000075). As indicated in the medication administration record in Plaintiff's medical records, Plaintiff repeatedly failed to report to pill call to receive this medication. (*Id.*). Plaintiff's

¹⁰ Amoxil is a semi-synthetic antibiotic used to prevent potential bacterial infections, primarily in open wounds. (Siddiq Aff. at ¶ 14 fn. 3).

medication administration records indicate that he only appeared for pill call and/or received his medication on twelve (12) of the approximately thirty-three (33) occasions on which he was to take such medication. (Id.).

On or about April 5, 2007, Plaintiff was transferred from Bullock to Ventress Correctional Facility (“Ventress”). (Burks Aff. and PHS000009). At the time of this transfer to Ventress, Plaintiff acknowledged his recent medical treatment for a broken wrist, but denied any pain with regard to this condition. (Burks Aff. and PHS000009-10, 78). The “transfer and receiving screening form” completed upon Plaintiff’s arrival at Ventress on April 5, 2007, did not indicate any complaints voiced by Plaintiff with regard to his left arm except for a comment regarding decreased strength in his left arm. (Burks Aff. and PHS000079). During his yearly physical examination at Ventress on April 23, 2007, Plaintiff notified the medical staff that a plate remained in his left wrist, but did not voice any complaints of pain, discomfort or any of the complications with regard to his left wrist. (Burks Aff. and PHS000043).

Nurse Dubose’s interaction with Plaintiff and/or her treatment of Plaintiff related solely to one instance when Nurse Dubose was conducting segregation rounds at Bullock. (Dubose Aff. at ¶ 4). Nurse Dubose cannot recall the specific date when this interaction took place except that it occurred after Plaintiff had undergone surgery to his left wrist. (Id.). During the course of segregation rounds, Nurse Dubose inquired as to whether Plaintiff needed any medical attention. (Id.). She noted at the time that Plaintiff had removed the splint on his left wrist. (Id.). Plaintiff complained that the surgical incision on his left wrist was itching and had been scratching the area around his incision for some period of time. (Id.). Nurse Dubose ensured Plaintiff was transported to the Bullock Health Care Unit where she applied some topical ointment to the surgical incision. (Id.). At the time Nurse Dubose saw Plaintiff, the surgical incision did not

exhibit any signs of infection or other complications. (Id.). Plaintiff was subsequently moved back to his segregation cell and Nurse Dubose did not receive any further complaints. (Id.). Nurse Dubose did not interact with Plaintiff on any other occasion regarding his left wrist and/or receive any additional complaints or concerns regarding his left wrist. (Id.).

Neither Dr. Siddiq nor Nurse Dubose were ever notified by Plaintiff required or had requested any medical treatment which had not been provided. (Siddiq Aff. at ¶ 15; Dubose Aff. at ¶ 5). Plaintiff did not file a sick call request form or grievance indicating that he had not received any requested medical treatment or medication following the January 8, 2007, incident. (Id.). Plaintiff did not submit a sick call request form or grievance requesting to be seen by any member of the medical staff regarding his left wrist or any pain associated with his wrist following the January 8, 2007, incident. (Id.).

While Plaintiff was under the care of Dr. Siddiq, Dr. Siddiq did not ignore any of his complaints or refuse to provide him with any medical care or attention or any medication. (Siddiq Aff. at ¶ 16). Plaintiff never requested any pain medication from Dr. Siddiq and any additional medical treatment other than the medical treatment provided by Dr. Siddiq during his appointments with Plaintiff. (Id.). Indeed, if Plaintiff had informed Dr. Siddiq of any pain or discomfort at any time, Dr. Siddiq would have ensured that Plaintiff received medication and/or treatment for such symptoms. (Siddiq Aff. at ¶ 15).

III. DISCUSSION

Plaintiff's dissatisfaction with the type of medical treatment provided by the Medical Defendants, the order in which treatment was provided and the process for ensuring the surgical repair of his broken wrist does not automatically equate an Eighth Amendment claim brought pursuant to 42 U.S.C. § 1983. The evidence presented by Medical Defendants demonstrates:

- (1) Medical Defendants did not violate Plaintiff's Eighth Amendment right to necessary medical treatment;
- (2) Section 1983 does not permit any finding of liability against PHS on the basis of *respondeat superior*; and
- (3) Plaintiff did not exhaust his administrative remedies as required by the Prison Litigation Reform Act, 42 U.S.C. §1997e(a).

Moreover, Plaintiff does not allege in his Complaint that he did not receive any medical treatment or attention for his broken wrist. Plaintiff's Complaint does not identify any specific instance when he requested medical treatment and any of the Medical Defendants refused to provide him with any necessary medical treatment. In sum, Plaintiff simply claims that he was dissatisfied with the specific treatment prescribed for him and the manner in which such treatment was provided. For these reasons and the reasons stated below, Plaintiff is not entitled to assert a claim for deliberate indifference against Medical Defendants. Even if Plaintiff's Complaint stated a claim against Medical Defendants, such claims are precluded by the exhaustion requirement of the Prison Litigation Reform Act, 42 U.S.C. § 1997e.

A. MEDICAL DEFENDANTS DID NOT VIOLATE PLAINTIFF'S EIGHTH AMENDMENT RIGHT TO NECESSARY MEDICAL TREATMENT.

As "Ground Two" for his Complaint, Plaintiff clearly states that his claims against Medical Defendants are based upon his claim that Medical Defendants acted with "deliberate indifference to [his] serious medical needs," by allegedly failing to provide treatment for his broken wrist, failing to take x-rays "for 6 days and no treatment of injuries for 11 days." (Complaint at p. 3). Plaintiff also alleges he was "[d]enied medication for pain and infection by both officers and nurses, as well as doctor." (*Id.*). The Eighth Amendment¹¹ does not on its face reference in any way any medical care due to incarcerated persons. See e.g. Marsh v. Butler

¹¹ The Eighth Amendment applies to the states by virtue of the Fourteenth Amendment's Due Process Clause. Robinson v. California, 370 U.S. 660, 666 (1962).

County, Ala., 268 F. 3d 1014, 1038 (11th Cir. 2001)(*en banc*). In Estelle v. Gamble, 429 U.S. 97(1976), the United States Supreme Court first inferred a prisoner's "right" to necessary medical care from the text of the Eighth Amendment. In reaching this conclusion, the Estelle Court held that the prohibition against cruel and unusual punishment in the Eighth Amendment prohibits prison officials from acting with "deliberate indifference" with regard to prisoners' serious medical needs. 429 U.S. at 104. Since Estelle, courts have routinely recognized that the Eighth Amendment¹² to the United States Constitution governs the conditions of confinement for prisoners and the treatment of these prisoners during the term of their incarceration. Farmer v. Brennan, 511 U.S. 825, 832 (1994) (quoting Helling v. McKinney, 509 U.S. 25, 31 (1993)); see also Whitley v. Albers, 475 U.S. 312, 327 (1986); Rhodes v. Chapman, 452 U.S. 337, 345-46 (1981).

An alleged claim of "deliberate indifference" under the Eighth Amendment may be actionable under 42 U.S.C. § 1983.¹³ See Graham v. Connor, 490 U.S. 386, 393- 94 (1989)(recognizing that § 1983 is not a source of "any substantive right," but rather provides a means for "vindicating federal rights elsewhere conferred."). Every claim by a prisoner that he

¹² Though liability arising out of the treatment of pretrial detainees triggers Fourteenth Amendment considerations, "the minimum standard for providing medical care to a pre-trial detainee under the Fourteenth Amendment is the same as the minimum standard required by the Eighth Amendment for a convicted prisoner . . ." See Hamm v. DeKalb County, 774 F.2d 1567, 1573-74 (11th Cir. 1985). To the extent Medical Defendants rely upon any cases addressing the application of the Fourteenth Amendment in the prison context, such cases are equally applicable in this case.

¹³ 42 U.S.C. § 1983 provides, in pertinent part,

Every person who, under color of any statute, ordinance, regulation, custom, or usage, of any State of Territory or the District of Columbia, subjects, or causes to be subjected, any citizen of the United States or other person within the jurisdiction thereof to the deprivations of any rights, privileges, or immunities secured by the Constitution and laws, shall be liable to the party injured in an action at law, suit in equity, or other proper proceedings for redress

has not received adequate medical treatment does not state a violation of the Eighth Amendment. McElligott v. Foley, 182 F. 3d 1248, 1254 (11th Cir. 1999). Courts have devoted an extraordinary amount of time clearly defining the requirements for asserting and succeeding upon an Eighth Amendment claim under § 1983. Both the Supreme Court and Eleventh Circuit have described the Eighth Amendment standard of deliberate indifference as requiring allegations and evidence of both “objective” and “subjective” components. See e.g. Farmer, 511 U.S. 825 at 834, 837; Chandler v. Crosby, 379 F. 3d 1278, 1289-90 (11th Cir. 2004).

The “objective” component of the Eighth Amendment analysis requires a prisoner to demonstrate the existence of a condition, act or omission which is sufficiently egregious to violate the Eighth Amendment. See Hudson v. McMillian, 503 U.S. 1, 8 (1992). The underlying conduct or condition must be “extreme” and pose “an unreasonable risk of serious damage to his future health,” if left unchecked. Chandler, 379 F. 3d at 1289-90 (quoting Hudson, 503 U.S. at 9) (other citations omitted). At a minimum, a prisoner must allege and establish the existence of “a serious medical need.” Chandler, 379 F. 3d at 1289-90; Farrow v. West, 320 F. 3d 1235, 1243 (11th Cir. 2003). The Eleventh Circuit’s long-standing definition of “serious medical need” is a condition “that has been diagnosed by a physician as mandating treatment or one that is so obvious that even a lay person would easily recognize the necessity for a doctor’s attention.” See e.g. Farrow, 320 F. 3d at 1243 (citing Hill v. DeKalb Reg’l Youth Det. Ctr., 40 F. 3d 1176, 1187 (11th Cir. 1994) (internal quotations omitted)). Additionally, the serious medical need must be such that, if left untreated, “pos[es] a substantial risk of serious harm.” Farmer, 511 U.S. at 834. The burden falls squarely upon Plaintiff to allege and ultimately establish the existence of a serious medical need. See e.g. Hamm v. DeKalb County, 774 F. 2d 1567 (11th Cir. 1985).

If Plaintiff successfully identifies and establishes the existence of a “serious medical need,” he must also establish the “subjective” component of an Eighth Amendment violation. Plaintiff must prove the Medical Defendants acted with “deliberate indifference.” See e.g. Farmer, 511 U.S. at 837. This subjective component requires evidence the Medical Defendants possessed actual knowledge of “an excessive risk to inmate health or safety” and disregarded that risk. Id. at 837. Evidence demonstrating Medical Defendants failed “to alleviate a significant risk that [they] should have perceived but did not, while no cause for commendation, cannot under our cases be condemned as the infliction of punishment” or serve as a basis for a claim of deliberate indifference. Burks v. Sikes, 169 F. 3d 1353, 1363-1364 (11th Cir. 1999)(other citations omitted); see also Cottrell v. Caldwell, 85 F.3d 1480, 1491 (11th Cir.1996) (holding, “[t]here is no liability for ‘an official's failure to alleviate a significant risk that he should have perceived but did not’” (quoting Farmer, 511 U.S. at 838)). Courts summarize this component as requiring evidence of a “subjectively sufficiently culpable state of mind.” Id. at 1491 (other citations and internal quotations omitted).

It is incumbent upon a prisoner asserting a § 1983 claim to establish “conscious or callous indifference” on the part of the prison official. See e.g. Daniels v. Williams, 474 U.S. 327 (1986); Brown v. Hughes, 894 F.2d 1533, 1537-38 (11th Cir. 1990). For example, a prisoner’s § 1983 claim for inadequate medical treatment cannot survive summary judgment unless and until the inmate produces evidence “of the prison official’s subjective awareness” of the alleged medical condition and an “intentional refusal [by the official] to provide . . . care.” Id.; Campbell v. Sikes, 169 F. 3d 1353, 1364 (11th Cir. 1999) (quoting Steele v. Shah, 87 F. 3d 1266, 1269 (11th Cir. 1996)); Hill, 40 F. 3d at 1186). Without evidence of this “specific intent,” a prisoner’s § 1983 claim cannot succeed. Steele, 87 F. 3d at 1269.

Courts have devoted a significant amount of time identifying the specific types of allegations which do *not* give rise to the claim of “deliberate indifference.” In declaring the “deliberate indifference” standard for the first time, the Estelle Court wrote, “a complaint that a physician has been negligent in diagnosing or treating a medical condition does not state a valid claim of medical mistreatment under the Eighth Amendment.” 429 U.S. at 106. The Eleventh Circuit in Chandler held a prisoner’s discomfort does not give rise to an Eighth Amendment violation. 379 F. 3d at 1295 (citations omitted). Applying Estelle, the Eleventh Circuit also noted that a complaint that prison medical staff should have done more to diagnose and/or treat a prisoner is “at most . . . medical malpractice.” Campbell, 169 F. 3d at 1363. Indeed, the Eighth Amendment does not prohibit or provide any remedy for any “accidental inadequacy . . . or even medical malpractice actionable under state law.” Taylor v. Adams, 221 F. 3d 1254, 1258 (11th Cir. 2000) (quotations and citation omitted). For this reason, medical decisions not to or when to provide certain types of medical treatment, such as an x-ray, are not actionable as a matter of law under the Eighth Amendment. Id.

In instances when inmates acknowledge treatment but contest the manner in which treatment is provided, courts have applied an altered analysis of claims involving requests for different or alternative types of medical treatment. When an inmate claims “different treatment should have been provided,” such a claim “is tantamount to a medical judgment call,” not an Eighth Amendment violation. McElligott, 182 F. 3d at 1259. In greater detail, the Eleventh Circuit explained in Hamm:

Although Hamm may have desired different modes of treatment, the care the jail provided did not amount to deliberate indifference. See Bass v. Sullivan, 550 F.2d 229, 231-32 (5th Cir.), cert. denied, 434 U.S. 864, 98 S.Ct. 195, 54 L.Ed.2d 138 (1977); accord, Westlake v. Lucas, 537 F.2d 857, 860 n. 5 (1st Cir. 1981) (“*Where a prisoner has received ... medical attention and the dispute is*

over the adequacy of the treatment, federal courts are generally reluctant to second guess medical judgments and to constitutionalize claims that sound in tort law.").

774 F. 2d at 1575 (emphasis supplied).

The second broad category of cases in which courts have historically mandated limitations upon the liability of prison officials under the Eighth Amendment constitute cases of alleged delayed medical treatment. In cases when a prisoner actually receives medical treatment, courts employ an altered analysis of deliberate indifference. As to claims of delayed medical treatment, the Eleventh Circuit has instructed courts to be hesitant to find an Eighth Amendment violation when officials provide medical care to prison inmates. McElligott, 182 F. 3d at 1259 (11th Cir. 1999) (citing Waldrup v. Evans, 871 F. 2d 1030, 1035 (11th Cir. 1989)). In fact, a prisoner alleging delayed medical treatment must show that the official acted with deliberate indifference, meaning the official knew of the serious medical condition and “intentionally or with reckless disregard, delayed treatment.” Hinson v. Edmond, 192 F. 3d 1342, 1348 (11th Cir. 1999). In Hill, the Eleventh Circuit added:

Cases stating a constitutional claim for immediate or emergency medical attention have concerned medical needs that are obvious even to a lay person because they involve life-threatening conditions or situations where it is apparent that delay would detrimentally exacerbate the medical problem. In contrast, delay or even denial of medical treatment for superficial, nonserious physical conditions does not constitute an Eighth Amendment violation. * * * Consequently, delay in medical treatment must be interpreted in the context of the seriousness of the medical need, deciding whether the delay worsened the condition, and considering the reason for the delay.

40 F. 3d 1176, 1188-89 (11th Cir. 1994) (emphasis added). Whether a claim arises from delayed treatment depends upon “the nature of the medical need and the reason for the delay.” Harris v. Coweta County, 21 F. 3d 388, 393-94 (11th Cir. 1994). Accordingly, in instances where prisoners complain of delays in medical treatment or request different medical treatment,

prisoners must overcome a much greater threshold in order to state and/or succeed upon such a §1983 claim.

In this instance, Plaintiff's claims medical care and/or attention was not provided for his broken wrist within the timeframe deemed acceptable by Plaintiff. (Complaint at pp. 5-8). While Plaintiff's broken wrist was a "serious medical condition," the next step in the analysis, i.e. a showing of deliberate indifference, is problematic, especially considering that Plaintiff's claims are grounded in issues of "delay," not denial. Making matters more difficult, Plaintiff does not differentiate and/or specify the purported acts and/or omissions of each of the Medical Defendants which serve as the basis of his claims.¹⁴

The evidence submitted in conjunction with this Special Report demonstrates the steps taken by Dr. Siddiq in addressing Plaintiff's broken wrist. After first evaluating Plaintiff, Dr. Siddiq ordered pain medication for Plaintiff, directed the medical staff to treat his abrasions and his irritated eyes and ordered an x-ray of Plaintiff's left wrist. (Siddiq Aff. at ¶¶ 8, 9; Burks Aff. and PHS000054, 87). After receiving the x-ray results, Dr. Siddiq immediately requested approval for Plaintiff's consultation with an orthopedic surgeon. (Siddiq Aff. at ¶ 10; Burks Aff. and PHS000054, 63). After consulting an orthopedic surgeon, Dr. Siddiq took the necessary steps to ensure a timely surgical correction of Plaintiff's left wrist fracture. (Siddiq Aff. at ¶ 10; Burks Aff. and PHS000056-57, 68). Upon returning to Bullock after surgery, Dr. Siddiq immediately entered orders following the post-operative instructions provided by Plaintiff's orthopedic surgeon. (Siddiq Aff. at ¶ 11; Burks Aff. and PHS000059, 64, 91). In addition to the pre-surgery treatment, Dr. Siddiq ensured Plaintiff received post-operative follow-up care in the

¹⁴ The first five pages of Plaintiff's nine-page affidavit are devoted almost entirely to all of the purported events which transpired before Plaintiff received medical treatment. (Plaintiff Aff. at pp. 1-5).

form of follow-up appointments with the orthopedic surgeon and a follow-up x-ray to confirm the propriety of Plaintiff's surgery. (Siddiq at ¶ 12; Burks Aff. and PHS000055, 58). The treatment provided by Dr. Siddiq does not ever approach the type of "extreme" conduct necessary to support a § 1983 claim. Plaintiff's medical records demonstrate that Plaintiff received adequate and thorough medical attention for his broken wrist. There is simply no medical evidence suggesting in any way that the passage of time between the various steps of medical treatment of Plaintiff's left wrist exacerbated, worsened or otherwise detrimentally impacted Plaintiff's left wrist. Accordingly, there is simply no basis to conclude or ever allege that Dr. Siddiq intentionally acted in any way to deprive Plaintiff of any necessary medical care.

Plaintiff's Complaint, in fact, demonstrates the absence of any basis for any § 1983 claim against Nurse Dubose. The only allegations asserted in Plaintiff's Complaint relate to an incident on or about February 14, 2007, when Plaintiff claims his surgical incision became infected and Nurse Dubose cleaned his wound. (Complaint at p. 8). Nurse Dubose agrees with most of Plaintiff's contentions in this regard. (Dubose Aff. at ¶ 5). The sole interaction between Plaintiff and Nurse Dubose occurred during the course of Nurse Dubose's segregation rounds. (Id.). Nurse Dubose recalls seeing Plaintiff sitting in his segregation cell after having removed the splint on his left wrist and complaining about itching associated with his surgical incision. (Id.). Nurse Dubose ensured Plaintiff was transported to the Bullock Health Care Unit where she applied some topical ointment to the surgical incision. (Id.). The only area of disagreement between Plaintiff and Nurse Dubose involves whether the incision was infected or not, a determination which Nurse Dubose is clearly more experienced in making. (Id.). After this singular incident, Plaintiff was subsequently moved back to his segregation cell and Nurse Dubose did not receive any further complaints. (Id.). These facts alone (as included in Plaintiff's

Complaint and the affidavit offered by Nurse Dubose) demonstrate the absence of any logical basis for any § 1983 claim against Nurse Dubose.

While Plaintiff references Nurse Dubose and Dr. Siddiq in his Complaint, Plaintiff's Complaint is devoid any specific factual allegation with regard to the purported acts and/or omissions of Prison Health Services, Inc. Plaintiff fails to articulate any basis for his inclusion of PHS as a named party in this action. For this reason alone, Plaintiff's § 1983 claim against PHS fails.

B. SECTION 1983 DOES NOT PERMIT ANY FINDING OF LIABILITY AGAINST PHS ON THE BASIS OF *RESPONDEAT SUPERIOR*.

Given the absence of any specific factual allegations pertaining to PHS, PHS is left to assume Plaintiff's claims against PHS are based upon the conduct of Dr. Siddiq and/or Nurse Dubose. Any reliance by Plaintiff upon a theory of *respondeat superior* in attempting to pursue a claim against PHS is also fatal. It is well-established in the Eleventh Circuit that liability under § 1983 "must be based on something more than a theory of *respondeat superior*." H.C. by Hewett v. Jarrard, 786 F. 2d 1080, 1086 (11th Cir. 1986) (citing Monell v. Department of Social Servs., 436 U.S. 658, 691, 98 S. Ct. 2018, 2036, 56 L. Ed. 2d 611 (1978)); see also Polk County v. Dodson, 454 U.S. 312, 325, 102 S. Ct. 445, 70 L. Ed. 2d 509 (1981) ("Section 1983 will not support a claim based on a respondeat superior theory of liability."); Marsh v. Butler County, 268 F.3d 1014, 1035 (11th Cir. 2001); Washington v. Dugger, 860 F. 2d 1018, 1021 (11th Cir. 1988) ("[the inmate's] complaint against [certain defendants] is not supported by any evidence which would permit a fact finder to find their participation in any deliberate indifference to his medical needs. Of course, these persons cannot be held liable under Section 1983 on the basis of respondeat superior."); Jetter v. Beard, 130 Fed. Appx. 523, 525 (3rd Cir. 2005) (unpubl.) (panel featuring Justice Alito) (dismissing Eighth Amendment claims against supervisory defendants

because “liability under Section 1983 cannot be imposed on a supervisor on the basis of *respondeat superior*. Personal involvement must be alleged and is only present where the supervisor knew of the actions and acquiesced in them. [The inmate] simply has not alleged any facts to support a conclusion that the supervisory defendants had personal involvement in the medical treatment [the inmate] received at [the prison].”). The Eleventh Circuit has applied this principle in various contexts, precluding claims against various kinds of supervisors and/or employing entities. See Farrow, 320 F. 3d at 1238 (holding that a supervising physician was not liable under § 1983 for the acts and/or omissions of a physician acting under his supervision); Buckner v. Toro, 116 F. 3d 450, 452-53 (11th Cir. 1997)(recognizing that the principle that *respondeat superior* liability does not exist under § 1983 has been expanded to included private medical contractors employed to perform governmental functions).

Given this black letter law, Plaintiff’s claims against PHS must fail to the extent he relies upon any alleged acts and/or omissions of Dr. Siddiq, Nurse Dubose or any other member of the Bullock medical staff as a basis for his claim against PHS.

C. PLAINTIFF’S COMPLAINT IS BARRED BY THE PRISON LITIGATION REFORM ACT.

42 U.S.C. §1997e(a) of the Prison Litigation Reform Act (“PLRA”) mandates that “[n]o action may be brought with respect to prison conditions¹⁵ under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until

¹⁵ The PLRA does not define “prison conditions.” See 42 U.S.C. § 1997e. Nevertheless, 18 U.S.C. §3626(g)(2) defines a “civil action with respect to prison conditions” as any civil action arising under federal law “with respect to the conditions of confinement or the effects of actions by government officials on the lives of persons confined in prison.” The Eleventh Circuit has relied upon this definition of “prison conditions” in applying the PLRA to cases before it. See Higginbottom v. Carter, 223 F. 3d 1259 (11th Cir. 2000). It is incontrovertible that Plaintiff’s allegations in this case relate solely to the “conditions of [her] confinement” at Bullock and, as such, trigger the application of the PLRA.

such administrative remedies as are available are exhausted.” 42 U.S.C. §1997e(a).¹⁶ Any remedy available under § 1983 before this Court is not available unless and until Plaintiff utilizes the grievance process available within the correctional system. See e.g. Brown v. Sikes, 212 F. 3d 1205, 1207 (11th Cir. 2000); Miller v. Tanner, 196 F. 3d 1190, 1193 (11th Cir. 1999); Alexander v. Hawk, 159 F. 3d 1321, 1325 (11th Cir. 1998); see also Higginbottom v. Carter, 223 F. 3d 1259, 1261 (11th Cir. 2000) (holding that invoking the grievance process is “a precondition to filing an action in federal court.”); A.N.R. v. Caldwell, 111 F. Supp. 2d 1294, 1297-99 (M.D. Ala. 2000) (dismissing prisoner’s complaint for failure to exhaust administrative remedies through the available grievance process). The Supreme Court wrote in Porter v. Nussle, “exhaustion is now required for all ‘action [s] ... brought with respect to prison conditions,’ whether under § 1983 or ‘any other Federal law.’” 534 U.S. 516, 524, (2002).

In Alexander v. Hawk, 159 F. 3d 1321, 1328 (11th Cir. 1998) the Court noted:

In summary we conclude that Section 1997 e(a) requires Alexander to submit his claims for monetary and injunctive relief to the [Federal Bureau of Prisons] available prison grievance program, even if the relief offered by the program does not appear to be “plain, speedy, and effective,” before filing those claims in federal court. The judicially created futility and inadequacy doctrines do not survive the PLRA’s mandatory exhaustion requirement.

¹⁶ The PLRA’s exhaustion requirement applies to all prisoner suits filed after April 26, 1996. See Higginbottom v. Carter, 223 F. 3d 1259 (11th Cir. 2000); Alexander v. Hawk, 159 F. 3d 1321 (11th Cir. 1998). This requirement was specifically intended to :

afford[] corrections officials time and opportunity to address complaints internally before allowing the initiation of a federal case . . . [because i]n some instances, corrective action taken in response to an inmate’s grievance might improve prison administration and satisfy the inmate, thereby obviating the need for litigation . . . [and i]n other instances, the internal review might ‘filter out some frivolous claims.’

Porter v. Nussle, 534 U.S. 516, 524-525 (2002)(citations omitted).

According to the Eleventh Circuit, a prisoner's claims must be dismissed under Rule 12(b)(1) or Rule 12(b)(6) of the Federal Rules of Civil Procedure if he has failed to exhaust his administrative remedies. Chandler, 379 F. 3d at 1286.

There can be no dispute that PHS maintains a well-established, widely publicized grievance process within the correctional facilities in Alabama, including Bullock. (Siddiq Aff. at ¶ 7). Likewise, there can be no dispute that Plaintiff was advised of and acknowledged on numerous occasions the availability of this administrative grievance process. (Burks Aff. and PHS000002-8). More importantly, there can be no dispute that Plaintiff did not avail himself of the grievance process or ever seek redress for his complaints through this grievance process. (Id.). By failing to utilize procedures available to him at Bullock, of which he was aware, Plaintiff failed to exhaust the administrative remedies available to him as required by the PLRA. As such, Plaintiff's Complaint is premature.

VI. CONCLUSION

Based on the foregoing facts and legal arguments, the Complaint filed by Plaintiff is not entitled to maintain any claim against the Medical Defendants based upon the facts alleged in the Complaint.

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION**

| | | |
|--|---|--|
| STEPHON LINDSAY, #207044, |) | |
| |) | |
| PLAINTIFF, |) | |
| |) | |
| v. |) | CIVIL ACTION No.: 2:07-CV-399-MHT |
| |) | [WC] |
| RICHARD ALLEN, WARDEN |) | |
| CUMMINS, SANDRA GILES, |) | |
| SYLVESTER NETTLES, RUTHIE |) | |
| PERRY, J. HUDSON, L. HERBERT, |) | |
| CORRECTIONAL OFFICER |) | |
| SCREECHER, CORRECTIONAL |) | |
| OFFICER HAMPTON, CORRECTIONAL |) | |
| OFFICER TALLEY, CORRECTIONAL |) | |
| OFFICER BENNETT, A. JACKSON, |) | |
| CORRECTIONAL OFFICER BASKIN, |) | |
| CORRECTIONAL OFFICER MARTIN, |) | |
| CORRECTIONAL OFFICER HILL, |) | |
| CORRECTIONAL OFFICER CURRY, |) | |
| CORRECTIONAL OFFICER BEECHAM, |) | |
| CORRECTIONAL OFFICER BAILEY, |) | |
| CORRECTIONAL OFFICER HANES, |) | |
| PRISON HEALTH SERVICES, INC., DR. |) | |
| TAHIR SIDDIQ, NURSE ETHEN, AND |) | |
| NURSE JACQUELINE DUBOSE, |) | |
| |) | |
| DEFENDANTS. |) | |

**ANSWER OF DEFENDANTS DR. TAHIR SIDDIQ, JACQUELINE
DUBOSE AND PRISON HEALTH SERVICES, INC.**

COME NOW, Defendants DR. TAHIR SIDDIQ (“Dr. Siddiq”), JACQUELINE DUBOSE (“Nurse Dubose”) and PRISON HEALTH SERVICES, INC. (“PHS,” collectively with Dr. Siddiq and Nurse Dubose, the “Medical Defendants”), and for their Answer to the Complaint filed by Plaintiff STEPHON LINDSAY (“Plaintiff”), state as follows:

FACTUAL ALLEGATIONS

1. In response to the statements made by Plaintiff in section I of his Complaint regarding “PREVIOUS LAWSUITS,” Medical Defendants deny the accuracy of these statements and, in support of this denial, refer the Court to the federal court suit instituted by Plaintiff styled as Stephon Lindsay v. Attorney Charles C. Hart, Chief of Corrections Johnny Grant, Chief Williams, The Nurses and Officers Blood, Phillips and Duffy, In the United States District Court for the Northern District of Alabama, Middle Division, CV99-PT-1322-M, which was subsequently dismissed due to Plaintiff’s failure to state a claim upon which relief could be granted under 42 U.S.C. §1983.

2. To the extent Plaintiff identifies in paragraph II of his Complaint two correctional facilities in which he has been incarcerated and/or the correctional facility where he is currently incarcerated, Medical Defendants admit these allegations. Except as expressly admitted herein above, Medical Defendants deny each and every remaining allegation in this section of Plaintiff’s Complaint and demand strict proof thereof.

3. Medical Defendants deny that they violated any of Plaintiff’s constitutional rights and demand strict proof thereof. Except as expressly denied herein above, Medical Defendants state they are without knowledge or information sufficient to form a belief as to the truth of the remaining allegations in paragraph III of Plaintiff’s Complaint; as such, the same are denied and Medical Defendants demand strict proof thereof.

4. Medical Defendants deny that they violated any of Plaintiff’s constitutional rights on the alleged dated identified by Plaintiff in paragraph IV of his Complaint and demand strict proof thereof.

5. Medical Defendants state they are without knowledge or information sufficient to form a belief as to the truth of the allegations listed as “ Ground One” in paragraph V of

Plaintiff's Complaint; as such, the same are denied and Medical Defendants demand strict proof thereof.

6. Medical Defendants deny that the allegations listed as "Ground Two" in paragraph V of Plaintiff's Complaint as well as the "Support Facts" alleged therein and demand strict proof thereof.

7. To the extent necessary and/or required by virtue of the Order of this Court and/or the Federal Rules of Civil Procedure, Medical Defendants deny the material allegations asserted in the "Affidavit" attached to Plaintiff's Complaint.

AFFIRMATIVE AND OTHER DEFENSES

First Defense

Plaintiff's Complaint fails to state a claim upon which relief can be granted.

Second Defense

Plaintiff's claims are barred by the doctrine of contributory negligence and/or last clear chance.

Third Defense

Plaintiff's claims are barred by the doctrine of assumption of risk.

Fourth Defense

Plaintiff's claims are barred by the doctrine of laches.

Fifth Defense

Plaintiff's claims are barred by the statute of limitations.

Sixth Defense

Plaintiff's claims are barred by the doctrine of waiver.

Seventh Defense

The Court lacks subject matter jurisdiction over this dispute.

Eighth Defense

This Court is the improper venue in which to assert this action.

Ninth Defense

Plaintiff lacks standing to bring this action.

Tenth Defense

Plaintiff's claims are barred by the doctrine of unclean hands.

Eleventh Defense

Plaintiff's claims are barred by the doctrine of qualified immunity.

Twelfth Defense

Plaintiff's claims are barred by the doctrine of sovereign immunity.

Thirteenth Defense

Plaintiff's claims are barred by the doctrine of estoppel.

Fourteenth Defense

Plaintiff's claims are barred by the doctrine of *res judicata* and/or collateral estoppel.

Fifteenth Defense

Plaintiff's claims are barred, in whole or in part, because of his failure to mitigate damages.

Sixteenth Defense

Medical Defendants aver that the wrongs and damages alleged by Plaintiff were caused solely by the acts and/or omissions of person and/or entities for whom or which Medical Defendants are not responsible.

Seventeenth Defense

Plaintiff's claims are barred because Medical Defendants did not breach any duty Defendant allegedly owed to Plaintiff.

Eighteenth Defense

Plaintiff's claims are barred because there is no casual relationship, legal or proximate, between Medical Defendants' actions or failures to act and the Plaintiff's alleged injuries and damages.

Nineteenth Defense

Plaintiff's claims are barred because of the existence of superseding, intervening causes.

Twentieth Defense

Plaintiff's claims are barred because of the lack of damages suffered due to any of the alleged wrongs asserted against Medical Defendants.

Twenty-First Defense

Plaintiff has failed to exhaust or attempt to exhaust administrative remedies. 42 U.S.C. § 1997e (a) (2005).

Twenty-Second Defense

Plaintiff's claims are barred because the action asserted is "frivolous, malicious, and fails to state a claim upon which relief can be granted." 42 U.S.C. § 1997e(c)(1) (2005).

Twenty-Third Defense

Plaintiff's claims are barred because the injunctive relief sought is not sufficiently narrowly drawn. 18 U.S.C. § 3626(a)(1)(A) (2005).

Twenty-Fourth Defense

Plaintiff's claims are barred because Medical Defendants did not act with deliberate indifference. Estelle v. Gamble, 429 U.S. 97 (1976).

Twenty-Fifth Defense

Plaintiff's claims are barred because he is seeking to question a medical judgment via injunctive relief.

Twenty-Sixth Defense

To the extent Plaintiff seeks to recover any attorneys' fees, Medical Defendants object to any and all such requests for fees that are not asserted in the Complaint or otherwise approved by court order.

Twenty-Seventh Defense

Plaintiff's claims for punitive damages violate PHS's United States and Alabama constitutional protections from, including without limitation, excessive fines, cruel and unusual punishment, denial of due process and denial of equal protection of the law.

Twenty-Eighth Defense

Medical Defendants reserve the right to assert other defenses as discovery proceeds.

s/ William R. Lunsford

One of the Attorneys for Prison Health Services,
Inc., Dr. Tahir Siddiq and Jacqueline Dubose

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CERTIFICATE OF SERVICE

I hereby certify that on the 23rd day of July, 2007, I electronically filed the foregoing with the Clerk of the Court using the CM/ECF system and mailed via regular U.S. mail to the following:

Stephon Lindsay
AIS 207044
Ventress Correctional Facility
P.O. Box 767
Clayton, Alabama 36016-0767

s/ William R. Lunsford

Of Counsel

EXHIBIT A

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION

STEPHON LINDSAY, #207044,

Plaintiff,

v.

Civil Action No.: 2:07-CV-399-MHT
[WC]

RICHARD ALLEN, WARDEN
CUMMINS, SANDRA GILES,
SYLVESTER NETTLES, RUTHIE
PERRY, J. HUDSON, L. HERBERT,
CORRECTIONAL OFFICER
SCREECHER, CORRECTIONAL
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CORRECTIONAL OFFICER BEECHAM,
CORRECTIONAL OFFICER BAILEY,
CORRECTIONAL OFFICER HANES,
PRISON HEALTH SERVICES, INC., DR.
TAHIR SIDDIQ, NURSE ETHEN, and
NURSE JACQUELINE DUBOSE,

Defendants.

AFFIDAVIT OF TAHIR SIDDIQ, M.D.

STATE OF ALABAMA)
COUNTY OF BULLOCK)

Before me, the undersigned Notary Public, personally appeared TAHIR SIDDIQ, M.D.,
who after being duly sworn, states as follows:

1. My name is Dr. Tahir Siddiq. I am over the age of nineteen (19) years and have
personal knowledge of the information contained in this affidavit.

2. I have been employed at the Bullock Correctional Facility ("Bullock") since November of 2003. I am currently employed by Prison Health Services, Inc. ("PHS") as the Medical Director at Bullock. I am licensed to practice medicine in the state of Alabama.

3. Stephon Lindsay ("Lindsay") was at one time an inmate incarcerated at Bullock. Lindsay is not incarcerated at Bullock at this time and has not been incarcerated at Bullock since approximately April of 2007.

4. Upon arriving at any facility operated by the Alabama Department of Corrections ("ADOC"), inmates are notified of the procedures and processes for obtaining medical care and prescribed medications. The health care units within ADOC facilities generally rely upon the same procedures for obtaining emergency and non-emergency (i.e. sick call) medical treatment, conducting chronic care clinics, medication administration,, segregation sick call and the like and permitting an inmates invocation of and participation in a grievance process. As part of this medical staff's orientation of inmates, inmates are provided a form entitled "ACCESS TO HEALTHCARE SERVICES." Throughout Lindsay's incarceration within the ADOC system, he has signed and/or acknowledged reading several of the "ACCESS TO HEALTHCARE SERVICES" forms included in his medical records.

When an inmate has a non-emergency medical or health problem and/or complaint at Bullock, an inmate may file a sick call request form in order to bring this problem or complaint to the attention of the medical staff and/or request medical treatment for this problem. The sick call request process is well-known at Bullock and is utilized by inmates on a daily basis. In the "ACCESS TO HEALTHCARE SERVICES" form, inmates are provided a complete description of the sick call process. For inmates housed in general population areas, sick call request forms are available at the Health Care Unit and at various locations throughout the facility.

An inmate making a sick call request is required to complete the top portion of the sick call request form (stating his name, the date of request, AIS number, date of birth, dorm location, the nature of the problem or request and his signature). The inmate then submits the sick call request form by placing it in one of the many locked boxes located throughout the facility. The sick call request forms are removed from the locked box each day at approximately 12:00 p.m., brought to the Health Care Unit and marked as received by the medical records clerk or a nurse at that time.

Upon reviewing the sick call request forms, the medical staff compiles a list of inmates that have submitted sick call request forms and provides the list to the Alabama Department of Corrections officer assigned to the Health Care Unit. The Health Care Unit officer summons the patients by radio. Sick call occurs at 7:30 a.m. Inmates who submit sick call request forms are responsible for reporting to the Health Care Unit for evaluation of their complaints. The nurse conducting sick call takes inmates' vital signs and either: (1) provides an inmate with medical treatment that can be provided under the nursing protocols, or (2) refers the inmate to the physician or nurse practitioner on staff at Bullock. If an inmate submits more than one (1) sick call request form on the same day, the nurse will only fill in the intake information on one (1) sick call request form regarding the inmate's subjective complaints, objective vital signs, assessment and plan.

A submitted sick call request form that is not completed by PHS's medical staff indicates that an inmate failed to report when summoned to sick call. If the medical complaints or problems identified by an inmate in a sick call request form appear to be urgent or life-threatening, the medical staff will immediately have the inmate brought to the Health Care Unit for medical treatment, and the inmate will not be required to wait until sick call begins.

5. As set forth in the "ACCESS TO HEALTHCARE SERVICES" form, inmates receive prescribed medication through the process commonly referred to as "pill call." Pill call occurs for the general population at Bullock (i.e. inmates who are not housed in segregation) every day at 6 a.m. and 6 p.m. At these designated times, inmates line up outside of two pill call windows outside of the health care unit. When the inmate arrives at the pill call window, he provides a member of the medical staff who is standing on the other side of the pill call window with his identification badge which is issued by the Alabama Department of Corrections. The member of the medical staff then retrieves the inmate's medication which is organized alphabetically and punches the medication out of a medication blister pack into a small plastic cup. The medication is provided to the inmate who is required to immediately take the medication.

As the pill call process progresses, the medical staff conducting pill call records the disbursement of medication on forms known as "Medication Administration Records" or MARs. These MARs are maintained and filed in the individual inmates' medical records. Once the medications are dispensed, the medical staff member records the dispensing of medication by placing his initial or initials in the space provided on the corresponding MAR. If an inmate does not report to pill call to retrieve his medication, the medical staff member will either (1) leave the form blank, or (2) place the letter "A" or "a" in the space provided, indicating the inmate was "absent." If the medical staff conducting pill call discovers an inmate's medication has run out, expired or cannot otherwise be dispensed to the inmate, the medical staff at Bullock is instructed to document the unavailability of the medication and notify their supervisor or the prescribing physician immediately.

6. As indicated in the medical records maintained by the medical staff at Bullock, members of the medical staff conduct evaluation rounds within the segregation unit at Bullock at least three times a day, documenting the occurrence of the visit, any complaints voiced by an inmate, and medications administered during the segregation rounds. I was not aware of any occasion during January or February of 2007 when segregation rounds did not occur at Bullock.

7. PHS has a well-established grievance procedure for any inmate who wishes to voice a complaint regarding any medical treatment he has sought or received during his incarceration at Bullock. The initial orientation process at Bullock also includes educating inmates as to the availability of the grievance process. The existence of Bullock's grievance procedure is well-known among the prison population, as indicated by the fact that Strickland, the Health Services Administrator at Bullock, receives inmate requests and/or inmate grievances on a daily basis. PHS's physicians, nurse practitioners, nurses and other medical personnel attempt to resolve all inmate concerns prior to an "inmate grievance" being submitted. The grievance process is initiated when an inmate submits a Medical Complaint form to the Health Services Administrator through the institutional mail system. This request is reviewed by the Health Services Administrator who provides a written response within five (5) days of receipt of the Medical Complaint.

The medical staff's written response to a Medical Complaint is included on the bottom portion of same form containing an inmate's Medical Complaint. Below the portion of the form designated for the "Response," the following notation appears:

IF YOU ARE UNSATISFIED WITH THE RESPONSE, YOU
MAY FILE A MEDICAL GRIEVANCE USING THE PRISON
HEALTH SERVICES GRIEVANCE FORM.

As stated in the Medical Complaint forms, the second step of the grievance process involves the submission of a formal Grievance (also referred to as an "appeal"). Written responses to formal Grievances are provided within five (5) days of receipt.

Medical Complaint and Grievance forms are available from the correctional officers at Bullock. Inmates are instructed to place completed Medical Complaint and Grievance forms in the sick call boxes located throughout the facility. When received in the health care unit, Medical Complaint and Grievance forms are sent to the health services administrator by the medical records clerk or administrative assistant. The health services administrator reviews the grievances daily, provides a written response within five days at the bottom of the form and returns a copy of the completed forms to the inmate. The health services administrator at Bullock encourages inmates who have complaints about the medical care they have sought or received at Bullock to utilize this grievance process.

During the course of Lindsay's incarceration at Bullock and his subsequent incarceration at Ventress Correctional Facility, he did not submit any grievances in accordance with the established grievance process or otherwise invoke this process.

8. At approximately 4:10 p.m. on January 8, 2007, Lindsay appeared in the Bullock Health Care Unit for evaluation by the medical staff. At the time Lindsay arrived at the Health Care Unit, he was handcuffed with his hands behind his back and accompanied by several officers. I did not see any correctional strike or restrain Lindsay during his time in the Bullock Health Care Unit. No other member of the medical staff reported to me that they witnessed any correctional officers strike or even restrain Lindsay during his visit to the Bullock Health Care Unit on January 8, 2007. If I saw an inmate being mistreated in any way, I would report such conduct to either (1) the warden at Bullock, or (2) their regional supervisor.

9. Upon evaluating Lindsay, we noted that Lindsay had a small abrasion to his left elbow and to his left lower leg. I examined Lindsay and noted that his eyes were red due to the use of pepper spray in an altercation with correctional officers. I instructed the medical staff to rinse Lindsay's eyes with a sterile solution and clean his abrasions. I prescribed Lindsay 800 milligrams of Advil to be taken 3 times a day for 10 days and ordered him to receive an x-ray of his lower left arm and lower left leg. The medical staff at Bullock maintains on-site x-ray equipment which is utilized on Mondays, Wednesdays and Fridays of each week. At the time Lindsay arrived at the Bullock Health Care Unit, the x-ray technician at Bullock had left for the day, which was a Monday. Given Lindsay's agitated state at the time, there were serious questions as to whether Lindsay would cooperate to permit an x-ray of his left wrist at that time. More importantly, Lindsay did not appear to be in any noticeable distress, which is not entirely uncommon for a patient with a broken bone. Based upon my evaluation of Lindsay at that time, I could not confirm at the time that Lindsay's wrist was broken at the time. As of the afternoon of January 8, 2007, I did not believe it was medically necessary for Lindsay to undergo an immediate x-ray and did not conclude that his wrist would be adversely affected if an x-ray was conducted when the x-ray technician returned on Wednesday. At the conclusion of my examination of Lindsay on January 8, 2007, I notified Lindsay that if he should need any additional medical treatment or experience any problems, he should immediately notify the medical staff. Lindsay did not submit any sick call request during this period of time and the medical staff did not receive any request for treatment from me between January 8, 2007 and January 10, 2007.

10. Lindsay underwent the ordered x-rays on or about January 10, 2007. The following day, board certified radiologist, Dr. Howard P. Schiele, reviewed the results of the x-

ray of Lindsay's left forearm. Upon reviewing the results of the x-ray, Dr. Schiele discovered that, "[t]here is a transverse fracture involving the distal shaft of the left ulna with mild deformity at the fracture sights." I requested approval to refer Lindsay to an orthopedic surgeon for evaluation of a possible fractured left wrist, which was promptly provided. Lindsay saw Dr. Chung, an orthopedic surgeon on January 13, 2007. That same day, the medical staff at Bullock received instructions from Dr. Chung indicating that Lindsay should undergo surgery for a fracture of the ulna bone in his left wrist. I then requested approval for a January 19, 2007, surgery on Lindsay's fractured left forearm to be conducted at a local hospital. In anticipation of his upcoming surgery, Lindsay underwent lab testing on January 16, 2007.

11. Lindsay underwent surgery on his left wrist on January 19, 2007. The post-operative notes of the orthopedic surgeon dated January 19, 2007, instructed Lindsay to elevate his left arm, change the dressing on his surgical incision as necessary, provided pain medication as necessary, ordered Lindsay to use only a bottom bunk and follow-up with a surgeon at his office. These instructions were provided to the medical staff at Bullock. When Lindsay returned from surgery, he was evaluated by a member of the medical staff and complained of some discomfort. At that time, Lindsay received medication for his pain and the member of the medical staff noted that the orthopedic surgeon requested a follow-up appointment in two weeks. On January 20, 2007, I also entered orders for Lindsay, pursuant to the post-operative orders of the orthopedic surgeon, directing Lindsay to elevate his arm, that he should receive Percogesic¹ three times a day for two days and Cephalexin² three times a day for two days. I also ordered

¹ Percogesic refers to acetaminophen which is often utilized to alleviate and/or relieve mild to moderate pain caused by various conditions.

² Cephalexin is an antibiotic commonly prescribed to prevent post-operative bacterial infections.

Lindsay to use only a bottom bunk for approximately 180 days and to report to the Bullock Health Care Unit as necessary to have the dressing to his left wrist changed as necessary.

12. Lindsay's medical administration records indicate that, between January 20, 2007 and January 22, 2007, Lindsay received Percogesic and the antibiotic Cephalexin. Between January 20, 2007 and January 31, 2007, Lindsay received orders that he could obtain dressing changes to his left wrist as needed. On only two occasions, January 22 and 23, 2007, Lindsay requested that the medical staff change the dressing to his left wrist. On January 23, 2007, I requested approval for a follow-up appointment for Lindsay with the surgeon who conducted the surgery on Lindsay's left forearm, which was approved that same day. I later ordered a follow-up x-ray of Lindsay's left arm on January 31, 2007. Dr. Maurice H. Rowell, a board certified radiologist, reviewed Lindsay's January 31, 2007, x-ray of his left arm and determined that the bones within Lindsay's left arm were "in good position and alignment."

13. Between January 8, 2007 and February 27, 2007, Lindsay did not submit any sick call request forms requesting any type of medical treatment or medication. Lindsay submitted sick-call request forms on February 27, 2007 and March 2, 2007, requesting treatment for a "slight cold," but Lindsay felt to appear for sick-call at the appointed time. On March 8 and 9, 2007, Lindsay submitted sick-call request forms complaining about cold-like symptoms. When I saw Lindsay on March 9, 2007, he did not voice any complaints about his left wrist, but merely requested treatment for his cold-like symptoms, which were provided at that time. Though Lindsay submitted a sick-call request form dated April 2, 2007, requesting that his teeth be "checked and cleaned," Lindsay failed to appear for any dental treatment on April 3, 2007. Lindsay appeared at sick-call on April 2, 2007. At sick-call, a member of the medical staff

examined Lindsay and determined he was suffering from "cold symptoms," and instructed Lindsay to rest and increase his intake and fluids and follow-up with the physician as necessary.

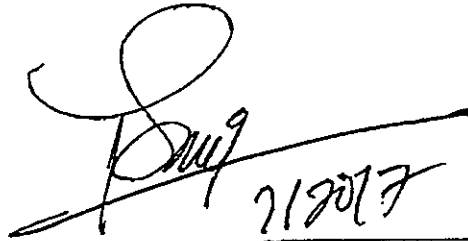
14. Between April 2, 2007 and April 13, 2007, I prescribed Amoxil³ for Lindsay to be administered over the course of eleven days. As indicated in the medication administration record in Lindsay's medical records, Lindsay repeatedly failed to report to pill call to receive this medication. He only appeared for pill call and/or received his medication on 12 of the approximate 33 occasions in which he was to take such medication.

15. I was not notified that Lindsay had requested any medical treatment which was not provided. Lindsay did not file a sick call request form or grievance indicating that he had not received any requested medical treatment or medication following the January 8, 2007, incident. Lindsay did not submit a sick call request form or grievance requesting to be seen by any member of the medical staff regarding his left wrist or any pain associated with his wrist following the January 8, 2007, incident. If Lindsay had informed me of any pain or discomfort at any time, I would have ensured that Lindsay received medication, if appropriate, for such symptoms. Lindsay never requested any pain medication from me or any additional medical treatment other than the medical treatment I provided during his appointments with me.

16. I responded in a timely and appropriate manner to the requests for medical treatment submitted by Lindsay during his incarceration at Bullock. While Lindsay was under my care, I did not ignore any of his complaints or refuse to provide him with any medical care or attention or any medication.

Further affiant saith not.

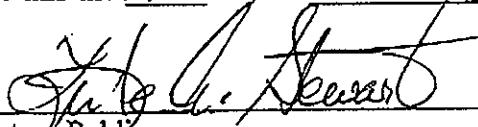
³ Amoxil is a semi-synthetic antibiotic used to prevent potential bacterial infections, primarily in open wounds.



Handwritten signature of Tahir Siddiq, dated 7/20/07.

Tahir Siddiq, M.D.

SWORN TO and SUBSCRIBED before this the TH20 day of July, 2007.



Handwritten signature of the Notary Public.

Notary Public

(SEAL)

My Commission Expires: JUNE 2010

EXHIBIT B

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION**

STEPHON LINDSAY, #207044,

Plaintiff,

v.

**Civil Action No.: 2:07-CV-399-MHT
[WC]**

**RICHARD ALLEN, WARDEN
CUMMINS, SANDRA GILES,
SYLVESTER NETTLES, RUTHIE
PERRY, J. HUDSON, L. HERBERT,
CORRECTIONAL OFFICER
SCREECHER, CORRECTIONAL
OFFICER HAMPTON, CORRECTIONAL
OFFICER TALLEY, CORRECTIONAL
OFFICER BENNETT, A. JACKSON,
CORRECTIONAL OFFICER BASKIN,
CORRECTIONAL OFFICER MARTIN,
CORRECTIONAL OFFICER HILL,
CORRECTIONAL OFFICER CURRY,
CORRECTIONAL OFFICER BEECHAM,
CORRECTIONAL OFFICER BAILEY,
CORRECTIONAL OFFICER HANES,
PRISON HEALTH SERVICES, INC., DR.
TAHIR SIDDIQ, NURSE ETHEN, and
NURSE JACQUELINE DUBOSE,**

Defendants.

AFFIDAVIT OF JACQUELINE DUBOSE

**STATE OF ALABAMA)
COUNTY OF BULLOCK)**

Before me, the undersigned Notary Public, personally appeared JACQUELINE DUBOSE, who after being duly sworn, states as follows:

1. My name is Jacqueline Dubose. I am over the age of nineteen (19) years and have personal knowledge of the information contained in this affidavit.

2. I have been employed at the Bullock Correctional Facility ("Bullock") since January of 2004. I am currently employed by Prison Health Services, Inc. ("PHS") and am a licensed practical nurse in the state of Alabama.

3. Stephon Lindsay ("Lindsay") was at one time an inmate incarcerated at Bullock. Lindsay is not incarcerated at Bullock at this time and has not been incarcerated at Bullock since approximately April, 2007.

4. My treatment of Lindsay during his incarceration at Bullock was limited to one instance when I conducted segregation rounds. I cannot recall the specific date when this interaction took place except that it occurred after Lindsay's wrist surgery had been conducted. During segregation rounds, I inquired as to whether Lindsay needed any medical attention. I noted at the time that Lindsay had removed the splint on his left wrist. Lindsay complained that the surgical incision on his left wrist was itching and had been scratching the area around the incision for some period of time. I ensured Lindsay was transported to the Bullock Health Care Unit where I applied some topical ointment to the surgical incision. I examined Lindsay's surgical incision and it did not exhibit any signs of infection or other complications. Lindsay was subsequently moved back to his segregation cell and I did not receive any further complaints from him or have any further interaction with him regarding his left wrist and/or receive any additional complaints or concerns regarding his left wrist.

5. I was not notified that Lindsay had requested any additional or different medical treatment which was not provided. Lindsay never requested any pain medication from me or any additional medical treatment other than the medical treatment I provided during his appointments with me. If Lindsay had informed me of any pain or discomfort at any time, I would have ensured that Lindsay was evaluated by the site physician. I responded in a timely and

appropriate manner to the requests for medical treatment submitted by Lindsay during his incarceration at Bullock. I did not ignore any of Lindsay's medical complaints or refuse in any way to provide him with any necessary medical treatment.

Further affiant saith not.

Jaqueline Dubose
Jaqueline Dubose

SWORN TO and SUBSCRIBED before this the 23rd day of July, 2007.

Justine B. Rowan
Notary Public
My Commission Expires: 2/24/2009

(SEAL)

EXHIBIT C

AFFIDAVIT

STATE OF ALABAMA

BARBOUR COUNTY

I, Nettie Burks, hereby certify and affirm that I am a H.S.A., at Ventress Correctional Facility; that I am one of the custodian of records at this institution; that the attached documents are true, exact, and correct photocopies of certain documents maintained here in the institutional medical file of Stephon Lindsay, AIS# 207044; and that I am over the age of twenty-one years and am competent to testify to the aforesaid documents and matters stated therein.

I further certify and affirm that said documents are maintained in the usual and ordinary course of business at Ventress Correctional Facility; and that said documents (and the entries therein) were made at, or reasonably near, the time that by, or from information transmitted by, a person with knowledge or such acts, events and transactions referred to therein are said to have occurred.

I further certify and affirm that the above-referenced inmate has not filed or submitted to Prison Health Services, Inc. any grievances of any kind while under the care of Prison Health Services, Inc.

This, I do hereby certify and affirm to on this the 11th day of July, 2007.

Reba J Currie
NOTARY PUBLIC
My Commission Expires: 9-8-08

VENTRESS CORRECTIONAL FACILITY

VERIFICATION OF ACCESS TO HEALTHCARE


THIS IS TO CERTIFY THAT I HAVE RECEIVED
VERBAL AND WRITTEN ACCESS TO
HEALTHCARE INSTRUCTIONS, TO INCLUDE
ORAL HYGIENE INSTRUCTIONS. I HAVE HAD
THE OPPORTUNITY TO ASK QUESTIONS AND
TO HAVE MY QUESTIONS ANSWERED.

Stephen Lindsay
SIGNATURE

207044
AIS NUMBER

B. Luke Rn
WITNESS

4-05-07
DATE

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 NOT TO BE PHOTO COPIED

PRISON HEALTH SERVICES (PHS)
ACCESS TO HEALTH CARE SERVICES
HOLMAN HEALTH CARE UNIT

Treatment for routine health services complaints are processed through nurse sick-call screening seven days a week. You must complete a sick-call screening form for requested health care evaluation.

Forms are located for your convenience in areas of easy access to you. Locked boxes are placed in the general housing areas or around the dinning hall for you to return your completed sick-call form for collection. Nurse's issue and collect sick call request screening slips in the segregation/ lock-up housing areas.

Various Doctor's clinics are held in the health unit Monday through Friday. If you are scheduled to be seen in a clinic you will be advised. Facility daily newsletters routinely post notices of who is to report when and where for health care services. If you have requested a health service remember to follow-up.

If you request health services and do not show for evaluation, you must sign a refusal of treatment form. If a health services appointment / clinic or treatment has been set for you and you do not show, you will also have to sign a refusal of treatment form. This is to let us know you have decided you are okay and no longer need to see us.

Nurses are in-house twenty-four hours a day, seven days a week for routine health services and programs. Nurses are also available for emergency care. Doctors are on-call twenty-four hours a day, seven days a week.

In-house medical staff reviews medical services requested over the weekend and on holidays. If your request is noted to be of a nature that will not wait until the next regularly scheduled evaluation (triage) time, you will be called to the health unit for further follow-up during this time period otherwise your request will be held until the next regularly scheduled evaluation process.

Medical emergencies such as those involving intense pain, potential life-threatening situations or when delaying treatment might cause permanent damage are dealt with at any time. Advise the nearest correctional officer of an emergency so prompt access to health services is provided.

Medications ordered for you by health services are to be picked up at the scheduled pill call/s established as the Doctor has ordered for you. If you fail to pick-up your medications as expected you will be called for counseling. If you continue to fail to pick-up your medications you will be required to sign a refusal of treatment form.

Remember that health services are a joint effort between the patient and the health care provider. We expect you to help us help you.

*Fee for service. You should understand that no one would be denied access to health services because they are unable to pay the \$3.00 co-pay fee. You will be seen and services will be provided that are appropriate and deemed necessary. Health services

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staff does not collect co-pay fees for health services nor do money collected go to the medical provider. A nurse visit or doctor visit charge of \$3.00 is the co-pay. If you do not have money in your PMOD account and you are assessed a charge you will have a negative balance in your account until this is cleared. A negative balance will follow you from institution to institution upon transfer. When you seek health services you will be asked to sign the co-pay signature sheet. If it is deemed that you indeed do not owe for services your account will not be charged and if a false charge is made you will be refunded. Again we do not care if you have money to pay or not. We will see you. If you do have money and are eligible to be charged the co-pay fee this will occur. If the health unit initiates the request for you to be seen there is no charge.

Educational inservices are routinely scheduled. Please attend and participate. Notices of inservice topics, dates, and times will be published and posted in advance.

Complaints against health care are attempted to be resolved as soon as possible and as reasonably as possible. You may obtain a complaint form from the same place you obtain sick-call request slips and you may return these where you return your sick-call request slips. If your complaint is not resolved when health service person speaks with you, you may file a grievance. This form will be given to you by the health service person that has attempted to resolve the complaint. A complaint form must be initiated before a grievance form can be completed.

Let your family and loved ones know health services will not disclose your medical care through conversations with them. If we are contacted you should know that we will review your health records but you will have to let them know what you feel they should know about you. Understand we will assure your family and loved ones you have health services available. We will also tell them that they must go through you or the Department of Corrections for release of information and that you must go through the appropriate procedures and access health services and also follow medical service recommendations. Be compliant with the health services ordered for you by your health providers.

If you have had health services outside the prison setting and we do not have these records, you will need to sign release of records forms so we can obtain copies for placement in your institutional health record.

A physical is begun on your arrival into the prison system. You will be notified yearly thereafter when your next physical is scheduled.

Mental health services, dental services, medical services, chronic care clinics, and many other health services are available. We wish you a healthy stay. If you need medical service we want you to understand how these services are obtained.

Certain over the counter medications are available to you through canteen purchase. Medical service is not involved in canteen operations.

We follow doctor's orders when dispensing medication – dose and time. If over the counter medication is given by health services it is through the order of a doctor.

Population pill calls at time institution are scheduled as listed below. If you have medication ordered, report to the pill call your medication is to be dispensed at.

4:30 a.m.
11:00 a.m.
5:30 p.m.
9:00 p.m.

Segregation lock-up pill call times are as listed below. Your medication will be issued to you on medication rounds.

3:30 a.m.
11:00 a.m.
9:00 p.m.

Dental screening- ~~ALL POPULATION AND SEGREGATION INMATES~~ MUST COMPLETE A SICK CALL FORM FOR DENTAL ONLY. THIS FORM WILL BE FORWARDED TO THE DENTAL DEPT. DENTAL WILL SCHEDULE FOLLOW-UP TREATMENT WITH YOU.

In the event you are scheduled to be released from prison by way of parole/ probation or EOS, you will need to report to the hospital for a pre-release interview. We will make sure that your pre-release blood work is scheduled if not already completed. If you are on any medications, you will be advised when and how to pick up your final supply prior to your departure from Holman. We will also instruct you on how soon it will be necessary for you to follow up with any free world medical and/or mental health care. If you have any questions, you can address them at that time.

If you have a question, request an answer.

Stephen Lindsay 2/5/00 AIS# 207044
Inmate Signature/ Date

Sheldon W 2/5/00
Witness Signature/ Date

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PRISON HEALTH SERVICES (PHS)
ACCESS TO HEALTH CARE SERVICES
HOLMAN HEALTH CARE UNIT

FOR PROFESSIONAL USE ONLY
CONFIDENTIAL RECORD

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If you request health services and do not show for evaluation, you must sign a refusal of treatment form. If a health services appointment / clinic or treatment has been set for you and you do not show, you will also have to sign a refusal of treatment form. This is to let us know you have decided you are okay and no longer need to see us.

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Medical emergencies such as those involving intense pain, potential life-threatening situations or when delaying treatment might cause permanent damage are dealt with at any time. Advise the nearest correctional officer of an emergency so prompt access to health services is provided.

Medications ordered for you by health services are to be picked up at the scheduled pill call/s established as the Doctor has ordered for you. If you fail to pick-up your medications as expected you will be called for counseling. If you continue to fail to pick-up your medications you will be required to sign a refusal of treatment form.

Remember that health services are a joint effort between the patient and the health care provider. We expect you to help us help you.

*Fee for service. You should understand that no one would be denied access to health services because they are unable to pay the \$3.00 co-pay fee. You will be seen and services will be provided that are appropriate and deemed necessary. Health services

staff does not collect co-pay fees for health services nor do money collected go to the medical provider. A nurse visit or doctor visit charge of \$3.00 is the co-pay. If you do not have money in your PMOD account and you are assessed a charge you will have a negative balance in your account until this is cleared. A negative balance will follow you from institution to institution upon transfer. When you seek health services you will be asked to sign the co-pay signature sheet. If it is deemed that you indeed do not owe for services your account will not be charged and if a false charge is made you will be refunded. Again we do not care if you have money to pay or not. We will see you. If you do have money and are eligible to be charged the co-pay fee this will occur. If the health unit initiates the request for you to be seen there is no charge.

Educational inservices are routinely scheduled. Please attend and participate. Notices of inservice topics, dates, and times will be published and posted in advance.

Complaints against health care are attempted to be resolved as soon as possible and as reasonably as possible. You may obtain a complaint form from the same place you obtain sick-call request slips and you may return these where you return your sick-call request slips. If your complaint is not resolved when health service person speaks with you, you may file a grievance. This form will be given to you by the health service person that has attempted to resolve the complaint. A complaint form must be initiated before a grievance form can be completed.

Let your family and loved ones know health services will not disclose your medical care through conversations with them. If we are contacted you should know that we will review your health records but you will have to let them know what you feel they should know about you. Understand we will assure your family and loved ones you have health services available. We will also tell them that they must go through you or the Department of Corrections for release of information and that you must go through the appropriate procedures and access health services and also follow medical service recommendations. Be compliant with the health services ordered for you by your health providers.

If you have had health services outside the prison setting and we do not have these records, you will need to sign release of records forms so we can obtain copies for placement in your institutional health record.

A physical is begun on your arrival into the prison system. You will be notified yearly thereafter when your next physical is scheduled.

Mental health services, dental services, medical services, chronic care clinics, and many other health services are available. We wish you a healthy stay. If you need medical service we want you to understand how these services are obtained.

Certain over the counter medications are available to you through canteen purchase. Medical service is not involved in canteen operations.

We follow doctor's orders when dispensing medication – dose and time. If over the counter medication is given by health services it is through the order of a doctor.

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Population pill calls at time institution are scheduled as listed below. If you have medication ordered, report to the pill call your medication is to be dispensed at.

4:30 a.m.

11:00 a.m.

5:30 p.m.

9:00 p.m.

Segregation lock-up pill call times are as listed below. Your medication will be issued to you on medication rounds.

3:30 a.m.

11:00 a.m.

9:00 p.m.

Dental screening- ALL POPULATION AND SEGREGATION INMATES MUST COMPLETE A SICK CALL FORM FOR DENTAL ONLY. THIS FORM WILL BE FORWARDED TO THE DENTAL DEPT. DENTAL WILL SCHEDULE FOLLOW-UP TREATMENT WITH YOU.

In the event you are scheduled to be released from prison by way of parole/ probation or EOS, you will need to report to the hospital for a pre-release interview. We will make sure that your pre-release blood work is scheduled if not already completed. If you are on any medications, you will be advised when and how to pick up your final supply prior to your departure from Holman. We will also instruct you on how soon it will be necessary for you to follow up with any free world medical and/or mental health care. If you have any questions, you can address them at that time.

If you have a question, request an answer.

Stephen Lindsay
Inmate Signature/ Date

S. Johnson PN 9-2-04
Witness Signature/ Date

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N610

RECEIVING SCREENING FORM

Inmate's Name: LINDSLAY, STEPHON ^{13/207044} Date: 4/5/07 Time: 12:55pm
 DOB: 9-6-77 Officer: Mike T. Arunson Institution: VCF

Receiving Officer's Visual Opinion

Yes No

- | | | |
|---|----------|----------|
| 1. Is the inmate conscious? | <u>X</u> | <u>—</u> |
| 2. Does the inmate have any obvious pain or bleeding/other symptoms suggesting the need for emergency services? | <u>—</u> | <u>✓</u> |
| 3. Are there any visible signs of trauma or illness requiring immediate emergency treatment or doctor's care? | <u>—</u> | <u>✓</u> |
| 4. Any obvious fever, swollen lymph nodes, jaundice, or other evidence of infection which might spread through the institution? | <u>—</u> | <u>✓</u> |
| 5. Is the skin in poor condition or show signs of vermin or rashes? | <u>—</u> | <u>✓</u> |
| 6. Does the inmate appear to be under the influence of alcohol or drugs? | <u>—</u> | <u>✓</u> |
| 7. Are there any visible signs of alcohol or drug withdrawal? (extreme perspiration, shakes, nausea, pinpoint pupils, etc.) | <u>—</u> | <u>✓</u> |
| 8. Is the inmate making any verbal threats to staff or other inmates? | <u>—</u> | <u>✓</u> |
| 9. Is the inmate carrying any medication or report that he is on any medication which must be continuously administered or available? | <u>—</u> | <u>✓</u> |
| 10. Does the inmate have any obvious physical handicaps? | <u>—</u> | <u>✓</u> |

If the answer is YES to any questions from 2-10 above, specify WHY in section below.

- | | | |
|---|----------|----------|
| 11. Are you presently taking medication for diabetes, heart disease, seizure, arthritis, asthma, ulcers, high blood pressure or psychiatric disorder? | <u>X</u> | <u>—</u> |
| <i>Cold med's.</i> | | |
| 12. Are you on any special diet prescribed by a physician? (if YES, what type?) | <u>—</u> | <u>✓</u> |
| 13. Do you have a history of venereal disease or abnormal discharge? | <u>—</u> | <u>✓</u> |
| 14. Have you recently been hospitalized or recently seen a medical or psychiatric doctor for any illness? | <u>✓</u> | <u>—</u> |
| <i>Jan. 8. th wrist Broken.</i> | | |
| 15. Have you ever attempted suicide? | <u>X</u> | <u>—</u> |

(If YES, When? Age 10-14 How? cut wrist.)

- | | | |
|---|----------|----------|
| 16. Do you want to do any harm to yourself now? | <u>—</u> | <u>X</u> |
|---|----------|----------|

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| | <u>Yes</u> | <u>No</u> | <u>No Response</u> |
|---|------------|-----------|--------------------|
| 17. Do you want to talk to a mental health counselor? | <u>X.</u> | _____ | _____ |
| 18. Are you allergic to any medication? | _____ | <u>X.</u> | _____ |
| 19. Have you recently fainted or had a head injury? <u>Jan 8th 2007</u> | <u>X.</u> | _____ | _____ |
| 20. Do you have epilepsy? | _____ | <u>/</u> | _____ |
| 21. Do you have a history of tuberculosis? | _____ | <u>/</u> | _____ |
| 22. Do you have diabetes? | _____ | <u>/</u> | _____ |
| 23. Do you have hepatitis? | _____ | <u>/</u> | _____ |
| 24. Do you have a painful dental problem? | _____ | <u>/</u> | _____ |
| 25. Do you have any medical problem we should know about? | _____ | <u>/</u> | _____ |
| 26. Do you have a past <u>alcohol</u> or drug history? | <u>X.</u> | _____ | _____ |

What type? _____ How much use? Heavy

For how long? 9 yrs. Last time used? 21 yr. ago.

Comments: (Unusual behavior, etc.)

For the Officer:

| | |
|--|------------|
| 27. Was the new inmate briefed on sick/dental call procedures? | <u>yes</u> |
| 28. This inmate was: | |
| a. Released for normal processing | <u>yes</u> |
| b. Referred to appropriate health care unit | <u>—</u> |
| c. Immediately sent to health care unit | <u>—</u> |

Mike P. Brown C.E.
Officer's Signature

Note: This form is completed on inter and intra system transfers at receiving and will be filed in the inmates medical jacket to comply with ACA Standards 2-4289, 2-4290 and AMA Standard 140.

Stephen Lindsay 207044
Inmate's Signature

BCCF

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Stephon Lindsey AIS NO. B/207044 CELL: B1-11B
 VIOLATION OR REASON: 29 ADMITTANCE AUTH. BY: LT. McCrancy
 DATE & TIME RECEIVED: 1-8-07 @ 4:53 pm DATE & TIME RELEASED: _____
 PERTINENT INFORMATION: assault on a person associated w/ the D.O.C./PV

| DATE | SHIFT | MEALS | | | SH | EXERCISE | MEDI -CAL VISIT | PSYCH VISIT | COMMENTS* | OIC SIGNATURE |
|--------------|-------|-------|---|---|-----|----------|-----------------------|----------------|------------|----------------|
| | | B | D | S | | | | | | |
| March 5, 07 | MORN | Y | | | No | None | None | None | 0 meds | R. Johnson co |
| | DAY | | Y | | NO | Refused | None | NO | 0 meds | J. Johnson, co |
| | EVE | | | Y | N | N | None | N | 0 meds | Phall |
| MON | | | | | | | | | | |
| March 6, 07 | MORN | Y | | | No | None | None | None | 0 meds | R. Johnson co |
| | DAY | | Y | | NO | refused | None | NO | 0 meds | J. Johnson, co |
| | EVE | | | Y | N | N | None | N | 0 meds | Piper, CO |
| TUE | | | | | | | | | | |
| March 7, 07 | MORN | Y | | | No | None | None | None | 0 meds | R. Johnson co |
| | DAY | | Y | | NO | Refused | None | NO | 0 meds | J. Johnson, co |
| | EVE | | | Y | N | N | None | N | 0 meds | Piper, CO |
| WED | | | | | | | | | | |
| March 8, 07 | MORN | Y | | | N | N | None | N | 0 meds | R. Johnson, co |
| | DAY | | Y | | N | Refused | None | N | 0 meds | J. Johnson, co |
| | EVE | | | Y | N | N | None | N | 0 meds | Phall, co |
| THUR | | | | | | | | | | |
| March 9, 07 | MORN | Y | | | N | N | None | N | 0 meds | R. Johnson, co |
| | DAY | | Y | | NO | Refused | None | NO | 0 meds | J. Johnson, co |
| | EVE | | | Y | N | N | None | N | 0 meds | S. Calhoun, co |
| FRI | | | | | | | | | | |
| March 10, 07 | MORN | N | | | N | N | None | N | Meds given | R. Johnson, co |
| | DAY | | Y | | NO | Refused | None | NO | Meds given | J. Johnson, co |
| | EVE | | | Y | yes | none | None | none | 0 meds | Phall, co |
| SAT | | | | | | | | | | |
| March 11, 07 | MORN | N | | | No | None | None | None | Meds given | R. Johnson co |
| | DAY | | Y | | NO | Refused | None | NO | Meds given | J. Johnson, co |
| | EVE | | | Y | N | N | None | N | Meds given | R. Perry, co |
| SUN | | | | | | | | | | |

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or NO (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude * Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

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SEGREGATION UNIT RECORD SHEET

INMATE NAME: Stephon Lindsey AIS NO. B/207044 CELL: B1-11B
 VIOLATION OR REASON: 29 ADMITTANCE AUTH. BY: H. McCrany
 DATE & TIME RECEIVED: 1-8-07 @ 4:53 PM DATE & TIME RELEASED: _____
 PERTINENT INFORMATION: assault on a person associated w/ the D.O.C. / PV

| DATE | SHIFT | MEALS | | | SH | EXERCISE | MEDI -CAL VISIT | PSYCH VISIT | COMMENTS* | OIC SIGNATURE |
|-------------|-------|-------|---|---|-----|----------|-----------------------|----------------|-----------|------------------|
| | | B | D | S | | | | | | |
| Feb. 26, 07 | MORN | Y | — | — | No | None | See sign | None | 0 Meds | R. Johnson co |
| | DAY | — | Y | — | NO | Refused | See sign | NO | 0 med | J. Johnson, co |
| | EVE | — | — | Y | N | N | Refused | N | 0 med | R. Johnson, co |
| MON | | | | | | | | | | |
| Feb. 27, 07 | MORN | Y | — | — | No | None | See sign | None | 0 Meds | R. Johnson co |
| | DAY | — | Y | — | NO | Refused | See sign | NO | 0 med | J. Johnson, co |
| | EVE | — | — | Y | yes | none | Refused | none | 0 med | J. Johnson, co |
| TUE | | | | | | | | | | |
| Feb. 28, 07 | MORN | Y | — | — | No | None | See sign | None | 0 Meds | R. Johnson co |
| | DAY | — | Y | — | NO | Refused | See sign | N | 0 med | (J. Johnson & N) |
| | EVE | — | — | Y | N | N | Refused | N | 0 med | A. Johnson, co |
| WED | | | | | | | | | | |
| March 1, 07 | MORN | Y | — | — | No | None | See sign | None | 0 Meds | R. Johnson co |
| | DAY | — | Y | — | N | Refused | See sign | N | 0 med | J. Johnson, co |
| | EVE | — | — | Y | yes | none | Refused | none | 0 med | J. Johnson, co |
| THUR | | | | | | | | | | |
| March 2, 07 | MORN | Y | N | N | N | N | Refused | N | 0 med | J. Johnson, co |
| | DAY | — | Y | — | NO | Refused | See sign | N | 0 med | J. Johnson, co |
| | EVE | — | — | Y | NO | NO | Refused | NO | 0 med | J. Johnson, co |
| FRI | | | | | | | | | | |
| March 3, 07 | MORN | N | N | N | N | N | Refused | N | 0 med | J. Johnson, co |
| | DAY | — | Y | — | NO | Refused | See sign | NO | 0 med | J. Johnson, co |
| | EVE | — | — | Y | N | N | Refused | N | 0 med | J. Johnson, co |
| SAT | | | | | | | | | | |
| March 4, 07 | MORN | N | — | — | No | None | See sign | None | 0 med | R. Johnson co |
| | DAY | — | Y | — | NO | Refused | See sign | NO | 0 med | J. Johnson, co |
| | EVE | — | — | Y | N | N | Refused | N | 0 med | J. Johnson, co |
| SUN | | | | | | | | | | |

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or NO (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude * Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

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SEGREGATION UNIT RECORD SHEET

INMATE NAME: Stephen Lindsey AIS NO. B/207044 CELL: B1-11B
 VIOLATION OR REASON: 29 ADMITTANCE AUTH. BY: McCrancy
 DATE & TIME RECEIVED: 1-8-07 @ 4:53 PM DATE & TIME RELEASED: _____
 PERTINENT INFORMATION: assault on a person associated w/ the D.O.C.

| DATE | SHIFT | MEALS | | | SH | EXERCISE | MEDI -CAL VISIT | PSYCH VISIT | COMMENTS* | OIC SIGNATURE |
|----------------|-------|-------|---|---|-----|-----------|-----------------------|----------------|-----------|---------------|
| | | B | D | S | | | | | | |
| Feb. 19, 07 | MORN | N | | | No | None | W/Star | None | Q med | R. Johnson co |
| | DAY | Y | | | NO | Refused | R | NO | Q med | W. Davis co |
| | EVE | | | Y | N | N | W/Star | N | Q med | W. Davis co |
| MON | | | | | | | | | | |
| Feb. 20, 07 | MORN | Y | | | No | None | W/Star | None | Q med | R. Johnson co |
| | DAY | | Y | | NO | Refused | W/Star | NO | Q med | J. Johnson co |
| | EVE | | Y | Y | yes | none | W/Star | none | Q med | W. Davis co |
| TUE | | | | | | | | | | |
| Feb. 21, 07 | MORN | Y | | | No | None | W/Star | None | Q med | R. Johnson co |
| | DAY | | Y | | N/B | Refused | W/Star | NO | Q med | W. Davis co |
| | EVE | | Y | Y | N | Q | W/Star | N | Q med | W. Davis co |
| WED | | | | | | | | | | |
| Feb. 22, 07 | MORN | Y | | | No | None | W/Star | None | Q Meds | R. Johnson co |
| | DAY | | Y | | N | R | W/Star | N | Q med | S. Smart co |
| | EVE | | Y | Y | Y | N | W/Star | N | Q med | W. Davis co |
| THUR | | | | | | | | | | |
| Feb. 23, 07 | MORN | Y | N | N | N | N | W/Star | N | Q Meds | R. Johnson co |
| | DAY | | Y | | N | refused | W/Star | N | Q med | W. Davis co |
| | EVE | | | Y | no | none | W/Star | none | Q med's | W. Davis co |
| FRI | | | | | | | | | | |
| Feb. 24, 07 | MORN | N | | | NO | NONE | W/Star | NONE | Q med | W. Davis co |
| | DAY | Y | Y | | NO | Cancelled | W/Star | NO | Q med | W. Davis co |
| | EVE | | | Y | yes | none | W/Star | none | Q med | W. Davis co |
| SAT | | | | | | | | | | |
| Feb. 25, 07 | MORN | N | | | No | None | W/Star | None | Q med | R. Johnson co |
| | DAY | Y | | | NO | Cancelled | W/Star | NO | Q med | W. Davis co |
| | EVE | | | Y | R | N | W/Star | N | Q med | R. Johnson co |
| SUN | | | | | | | | | | |

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or NO (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude * Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

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SEGREGATION UNIT RECORD SHEET

INMATE NAME: Stephon Lindsey AIS NO. B/207044 CELL: B1-11B
 VIOLATION OR REASON: 29 ADMITTANCE AUTH. BY: LT. McCrancy
 DATE & TIME RECEIVED: 1-8-07 @ 4:53 pm DATE & TIME RELEASED: _____
 PERTINENT INFORMATION: assault on a person associated w/ the D.O.C

| DATE | SHIFT | MEALS | | | SH | EXERCISE | MEDI -CAL VISIT | PSYCH VISIT | COMMENTS* | OIC SIGNATURE |
|----------------|-------|-------|---|---|----|----------|-----------------------|----------------|-----------|--------------------|
| | | B | D | S | | | | | | |
| Feb. 12, 07 | MORN | Y | | | NO | None | Jernigan | None | Ø Meds | R. Johnson col |
| | DAY | Y | Y | | NO | Refused | Jernigan | None | Ø Meds | C. Stork, CO |
| | EVE | | | Y | N | N | Roberts | N | Ø Meds | Pennington Col |
| MON | | | | | | | | | | |
| Feb. 13, 07 | MORN | Y | | | NO | None | Jernigan | None | Ø Meds | R. Johnson col |
| | DAY | Y | Y | | NO | NO | Jernigan | NO | Ø Meds | J. Johnson, CO |
| | EVE | | Y | Y | | | Roberts | | Ø Meds | R. Pennington Sgt. |
| TUE | | | | | | | | | | |
| Feb. 14, 07 | MORN | Y | | | NO | None | Jernigan | None | Ø Meds | R. Johnson col |
| | DAY | Y | Y | | NO | Refused | Jernigan | | Ø Meds | J. Johnson, CO |
| | EVE | | | | | | Roberts | | Ø Meds | Alamo C.S. |
| WED | | | | | | | | | | |
| Feb. 15, 07 | MORN | Y | | | NO | None | Jernigan | None | Ø Meds | R. Johnson col |
| | DAY | Y | Y | | NO | Refused | Jernigan | None | Ø Meds | W. Thompson CO |
| | EVE | | Y | Y | N | N | Roberts | N | Ø Meds | M. H. McCoy |
| THUR | | | | | | | | | | |
| Feb. 16, 07 | MORN | Y | | | NO | NO | Jernigan | NO | Ø Meds | V. Baldurina, CO |
| | DAY | Y | Y | | NO | Refused | Jernigan | None | Ø Meds | C. Stork, CO |
| | EVE | | Y | Y | NO | None | Jernigan | None | Ø Meds | G. Green, CO |
| FRI | | | | | | | | | | |
| Feb. 17, 07 | MORN | N | | | NO | NO | Jernigan | NO | Ø Meds | V. Baldurina |
| | DAY | Y | Y | | NO | NO | Jernigan | NO | Ø Meds | J. Johnson, CO |
| | EVE | | Y | Y | N | N | Roberts | N | Ø Meds | Alamo C.S. |
| SAT | | | | | | | | | | |
| Feb. 18, 07 | MORN | N | | | N | N | Roberts | N | Ø Meds | W. Thompson, CO |
| | DAY | Y | | | N | Refused | Jernigan | N | Ø Meds | C. Stork, CO |
| | EVE | | Y | Y | N | N | Roberts | N | Ø Meds | G. Green, CO |
| SUN | | | | | | | | | | |

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or NO (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude * Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

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SEGREGATION UNIT RECORD SHEET

INMATE NAME: Stephon Lindsey AIS NO. B/207044 CELL: B1-11 B
 VIOLATION OR REASON: 29 ADMITTANCE AUTH. BY: L. McCrancy
 DATE & TIME RECEIVED: 1-8-07 @ 4:53 pm DATE & TIME RELEASED: _____
 PERTINENT INFORMATION: assault on a person associated w/ the D.O.C.

| DATE | SHIFT | MEALS | | | SH | EXERCISE | MEDI -CAL VISIT | PSYCH VISIT | COMMENTS* | OIC SIGNATURE |
|----------------|-------|-------|---|---|-----|----------|-----------------------|----------------|-----------|----------------|
| | | B | D | S | | | | | | |
| Feb. 5, 07 | MORN | Y | | | No | None | X | None | 0 med | R. Johnson c1 |
| | DAY | | Y | | NO | NO | | | | J. Johnson, CO |
| | EVE | | | Y | N | N | NO | N | 0 Meds | Bennington CO1 |
| MON | | | | | | | | | | |
| Feb. 6, 07 | MORN | Y | | | No | None | None | None | 0 med | R. Johnson c1 |
| | DAY | | Y | | NO | Refused | Refused | NO | 0 Meds | J. Johnson, CO |
| | EVE | | | Y | yes | none | Refused | none | 0 med | Graham, CO |
| TUE | | | | | | | | | | |
| Feb. 7, 07 | MORN | Y | | | No | None | Refused | None | 0 Meds | R. Johnson c1 |
| | DAY | | Y | | NO | Refused | Refused | NO | 0 med | J. Johnson, CO |
| | EVE | | | Y | N | N | Refused | N | 0 med | S. Calhoun CO1 |
| WED | | | | | | | | | | |
| Feb. 8, 07 | MORN | Y | | | No | None | Refused | None | 0 Meds | R. Johnson c1 |
| | DAY | | Y | | NO | Refused | Refused | NO | 0 med | J. Johnson, CO |
| | EVE | | | Y | NO | NO | Refused | NO | 0 med | J. Johnson, CO |
| THUR | | | | | | | | | | |
| Feb. 9, 07 | MORN | Y | | | N | N | Refused | N | 0 Meds | A. Ellis, CO1 |
| | DAY | | Y | | NO | Refused | Refused | NO | 0 med | J. Johnson, CO |
| | EVE | | | Y | NO | none | Refused | none | 0 med | Graham, CO |
| FRI | | | | | | | | | | |
| Feb. 10, 07 | MORN | N | | | N | N | Refused | N | 0 med | A. Ellis, CO1 |
| | DAY | | Y | | NO | Refused | Refused | NO | 0 med | J. Johnson, CO |
| | EVE | | | Y | Y | N | Refused | N | 0 med | S. Calhoun CO1 |
| SAT | | | | | | | | | | |
| Feb. 11, 07 | MORN | N | | | No | None | Refused | None | 0 med | R. Johnson c1 |
| | DAY | | Y | | NO | Refused | Refused | NO | 0 med | J. Johnson, CO |
| | EVE | | | Y | Y | N | Refused | N | 0 Meds | Graham, CO1 |
| SUN | | | | | | | | | | |

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or NO (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude * Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

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**SPECIAL NEEDS COMMUNICATION FORM**Date: 1/20/07To: DOCFrom: HCUInmate Name: Lindsay Stephen ID#: 207044

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

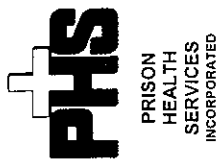
Comments:

1. Bottom BUNK BED X 180 days
(1/20 - 7/20/07)

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NOT TO BE PHOTO COPIED

Date: 1/20/07 MD Signature: Dr. Siddiq / SA Time: 2000

60418



SEGREGATION HEALTH LOG

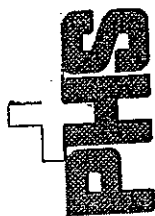
Name Lindsey, Stephen AIS# 207044 14M8 Cell B0110

Name Key: NC No Complaints
C Complaint (Provide Documentation in Complaint Section)

| Year | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 3 | 31 | |
|-----------------|---|---|----------|----------|----------|----------|----------|---|----------|----------|----------|----------|----------|----------|----|----|----------|----------|----------|---------|----|----|----|----|----|----|----|----|----|---|----|--|
| Time | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| January Nurse | | | NC CP | NC CP | NC CP | NC CP | NC CP | | NC MB | NC BW | NC BW | NC BW | NC BW | NC BW | | | NC BW | NC BW | NC BW | NC H | NC | | | | | | | | | | | |
| February Nurse | | | NC CP | NC CP | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| March Nurse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| April Nurse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May Nurse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| June Nurse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| July Nurse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| August Nurse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| September Nurse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| October Nurse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| November Nurse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| December Nurse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Nurse's Signature and Initials:

[Signature] [Signature] [Signature]
[Initials] [Initials] [Initials]



SEGREGA ON HEALTH LOG

Volman

Name Lindsey Stephen AIS# 207044 Cell _____

Name Key: NC No Complaints
C Complaint (Provide Documentation in Complaint Section)

| Year | 2004 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 3 | 31 | |
|-----------|------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---|----|--|
| Time | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| January | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nurse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| February | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nurse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| March | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nurse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| April | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nurse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nurse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| June | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nurse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| July | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nurse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| August | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nurse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| September | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nurse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| October | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nurse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| November | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nurse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| December | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nurse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Nurse's Signature and Initials:

[Signature] *JS*
[Signature] *bm*
[Signature] *AI*
[Signature] *SS*

PRISON HEALTH SERVICE

Disciplinary Segregation Medical Documentation

Initial Assessment Vital Signs: BP 120/80 98 P. 88 R 20

| | |
|--|-----------|
| Signs of Trauma <input checked="" type="radio"/> No <input type="radio"/> Yes | Describe: |
| Medical/Mental Health Complaints <input checked="" type="radio"/> No <input type="radio"/> Yes | Describe: |
| Existing Medical/Mental Health Conditions <input type="radio"/> No <input type="radio"/> Yes | Describe: |

Signature [Signature] Date _____ Time _____

| | | | | | | | | | | | | | | | | | | | | |
|------------------|----------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Date/Time | <u>07/20/07</u> | | | | | | | | | | | | | | | | | | | |
| Crying | <input checked="" type="radio"/> | | | | | | | | | | | | | | | | | | | |
| Signs of Trauma | <input checked="" type="radio"/> | | | | | | | | | | | | | | | | | | | |
| Oriented x's 3 | <input checked="" type="radio"/> | | | | | | | | | | | | | | | | | | | |
| Withdrawn | <input checked="" type="radio"/> | | | | | | | | | | | | | | | | | | | |
| Hostile/Angry | <input checked="" type="radio"/> | | | | | | | | | | | | | | | | | | | |
| Quiet | <input checked="" type="radio"/> | | | | | | | | | | | | | | | | | | | |
| Manic Behavior | <input checked="" type="radio"/> | | | | | | | | | | | | | | | | | | | |
| Denies Complaint | <input checked="" type="radio"/> | | | | | | | | | | | | | | | | | | | |

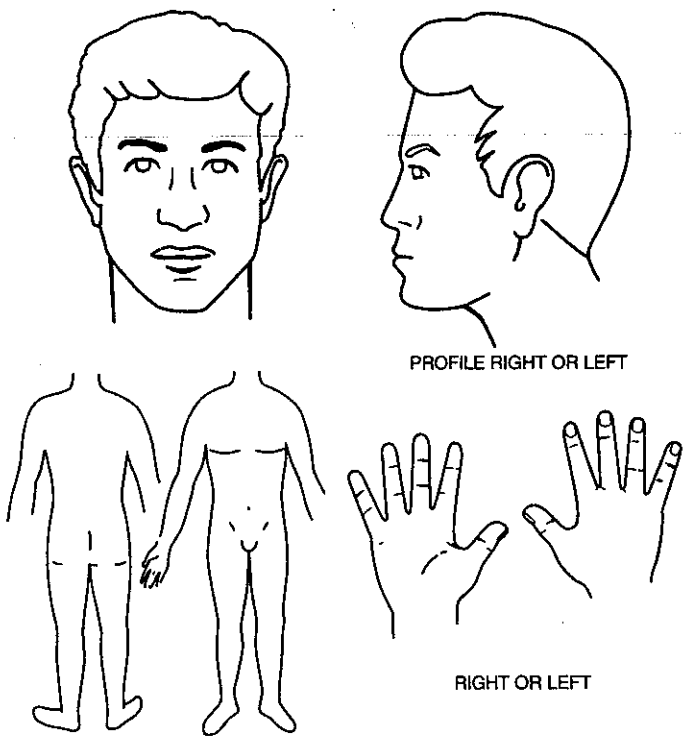
Nurse's Signature [Signature]

Comments (By Date) _____

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NOT TO BE PHOTO COPIED

| | | | |
|-------------------------------------|------------------------------|-----------------|------------------------|
| Inmate Name <u>LINDSAY, Stephen</u> | ID#/DOB <u>207044 9/6/77</u> | Race <u>B/H</u> | Location <u>Draper</u> |
|-------------------------------------|------------------------------|-----------------|------------------------|

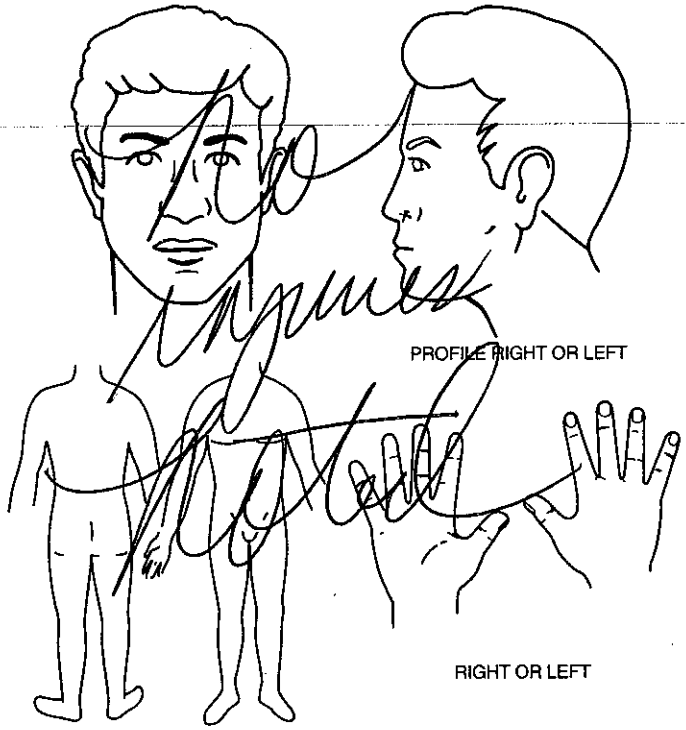
EMERGENCY

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|------|---|---|---|---|---|----------------------------------|------|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| ADMISSION DATE 04/09/04 | | TIME 11:25 AM | ORIGINATING FACILITY Drapen | | <input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| ALLERGIES NKA | | | CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VITAL SIGNS: TEMP 98.4 | | <input checked="" type="checkbox"/> ORAL <input type="checkbox"/> RECTAL | RESP. 20 | PULSE 88 | B/P 120/80 | RECHECK IF SYSTOLIC 1 <100> 50 | | | | | | | | | | | | | | | | | | | | | | | | |
| NATURE OF INJURY OR ILLNESS S. Body Check for Sec placement by Reg. Doc. | | | | ABRASION /// <input type="checkbox"/> | CONTUSION # <input type="checkbox"/> | BURN xx <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | FRACTURE Z <input type="checkbox"/> | LACERATION / <input type="checkbox"/> SUTURES | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PHYSICAL EXAMINATION 0 to 5 scratches/bruises on. Lacerations noted. | | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>ORDERS / MEDICATIONS / IV FLUIDS</td> <td>TIME</td> <td>BY</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> | | | ORDERS / MEDICATIONS / IV FLUIDS | TIME | BY | | | | | | | | | | | | | | | | | | | | | |
| ORDERS / MEDICATIONS / IV FLUIDS | TIME | BY | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A. All lacerations none | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P. None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DIAGNOSIS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INSTRUCTIONS TO PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DISCHARGE DATE 04/09/04 | | TIME 11:35 AM | RELEASE / TRANSFERRED TO Sec | | CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL | | | | | | | | | | | | | | | | | | | | | | | | | |
| NURSE'S SIGNATURE [Signature] | | DATE 4/9/04 | PHYSICIAN'S SIGNATURE [Signature] | | CONSULTATION | | | | | | | | | | | | | | | | | | | | | | | | | |
| INMATE NAME (LAST, FIRST, MIDDLE) L. W. D. S. P. N. S. T. P. H. O. N. | | | DOC# 207044 | DOB 9/6/77 | R/S B/m | FAC. Drapen | | | | | | | | | | | | | | | | | | | | | | | | |



PRISON
HEALTH
SERVICES
INCORPORATED

EMERGENCY

| | | | |
|---|------------------------|---|---|
| ADMISSION DATE 4/6/04 | TIME 1230 PM | ORIGINATING FACILITY Prison <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/> | <input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OUTPATIENT |
| ALLERGIES NKA | | CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA | |
| VITAL SIGNS: TEMP 100.3 <input checked="" type="checkbox"/> ORAL <input type="checkbox"/> RECTAL | | RESP 16 | PULSE 110 98% B/P 120/90 RECHECK IF SYSTOLIC 1 <100> 50 |
| NATURE OF INJURY OR ILLNESS S - Body Chart per request of DOC. Inmate alleges he was struck by a DOC official. | | ABRASION /// CONTUSION # BURN xx xx FRACTURE Z Z LACERATION / SUTURES | |
| PHYSICAL EXAMINATION Q - Ambulatory to HCUc Officer Daniels. NKA noted. Inmate very dark skinned but no bruising or any injury noted to back of leg. No other injuries noted. Inmate denies any other. A - Body Chart | |  | |
| ORDERS / MEDICATIONS / IV FLUIDS P - 1) hp indicated @ this time. | | TIME | BY |
| FOR PROFESSIONAL USE ONLY CONFIDENTIAL RECORD NOT TO BE PHOTO COPIED | | | |
| DIAGNOSIS | | | |
| INSTRUCTIONS TO PATIENT | | | |
| DISCHARGE DATE 4/6/04 | TIME 1/30 AM | RELEASE / TRANSFERRED TO DCC | <input checked="" type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/> |
| NURSE'S SIGNATURE A. Amy W | | DATE 4/6/04 | PHYSICIAN'S SIGNATURE [Signature] |
| INMATE NAME (LAST, FIRST, MIDDLE) Bindsay, Stephen | | DOC# 207044 | DOB 9-6-11 |
| | | R/S BM | RAC. 207044 |

Disciplinary Segregation Medical Documentation

| | | | | |
|--------------------|--------------|----|----|----|
| Initial Assessment | Vital Signs: | BP | P. | R. |
|--------------------|--------------|----|----|----|

| | |
|---|-----------|
| Signs of Trauma: <input type="radio"/> No <input type="radio"/> Yes | Describe: |
| Medical/Mental Health Complaints: <input type="radio"/> No <input type="radio"/> Yes | Describe: |
| Existing Medical/Mental Health Conditions: <input type="radio"/> No <input type="radio"/> Yes | Describe: |

| | | |
|-----------|------|------|
| Signature | Date | Time |
|-----------|------|------|

| Date/Time | 12/03 7-3 | 4/07 13 | 4-3-03 11-7 | 4-3-03 7-3 | | | | | | | | | | | | | | |
|-------------------|----------------|----------------|----------------|---------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Crying | | | | | | | | | | | | | | | | | | |
| Signs of Trauma | | | | | | | | | | | | | | | | | | |
| Oriented x's 3 | ✓ | ✓ | ✓ | ✓ | | | | | | | | | | | | | | |
| Withdrawn | | | | | | | | | | | | | | | | | | |
| Hostile/Angry | | | | | | | | | | | | | | | | | | |
| Quiet | ✓ | ✓ | ✓ | ✓ | | | | | | | | | | | | | | |
| Manic Behavior | | | | | | | | | | | | | | | | | | |
| Denies Complaint | ✓ | ✓ | ✓ | ✓ | | | | | | | | | | | | | | |
| Nurse's Signature | C. Hunter, LSW | J. [Signature] | C. Johnson | | | | | | | | | | | | | | | |

Comments (By Date)

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CONFIDENTIAL RECORD
NOT TO BE PHOTO COPIED

| | | | | | | | |
|------|------------------|---------|--------|------|---|----------|-----|
| Name | Lundsey, Stephen | ID#/DOB | 207044 | Race | B | Location | VCF |
|------|------------------|---------|--------|------|---|----------|-----|

Disciplinary Segregation Medical Documentation

| | | | | | |
|---|-------------------------------|-------------|-------------------|-------------|---------------|
| Initial Assessment | Vital Signs: BP <u>130/80</u> | P <u>96</u> | WT <u>172 3/4</u> | R <u>20</u> | T <u>99.2</u> |
| Signs of Trauma <input checked="" type="radio"/> No <input type="radio"/> Yes | Describe: | | | | |
| Medical/Mental Health Complaints <input checked="" type="radio"/> No <input type="radio"/> Yes | Describe: | | | | |
| Existing Medical/Mental Health Conditions <input checked="" type="radio"/> No <input type="radio"/> Yes | Describe: | | | | |

| Signature | Date <u>3-13-08</u> | | | | | | | | | | Time <u>1330</u> |
|--------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <u>M. Benfield</u> | <u>3-13-08</u> | <u>3-13-08</u> | <u>3-13-08</u> | <u>3-13-08</u> | <u>3-13-08</u> | <u>3-13-08</u> | <u>3-13-08</u> | <u>3-13-08</u> | <u>3-13-08</u> | <u>3-13-08</u> | <u>3-13-08</u> |
| Crying | | | | | | | | | | | |
| Signs of Trauma | | | | | | | | | | | |
| Oriented x's 3 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Withdrawn | | | | | | | | | | | |
| Hostile/Angry | | | | | | | | | | | <input checked="" type="checkbox"/> |
| Quiet | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Manic Behavior | | | | | | | | | | | |
| Denies Complaint | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Nurse's Signature | <u>M. Benfield</u> | <u>M. Benfield</u> | <u>K. Benfield</u> | <u>M. Benfield</u> | <u>M. Benfield</u> | <u>M. Benfield</u> | <u>M. Benfield</u> | <u>M. Benfield</u> | <u>M. Benfield</u> | <u>M. Benfield</u> | <u>M. Benfield</u> |

Comments (By Date)

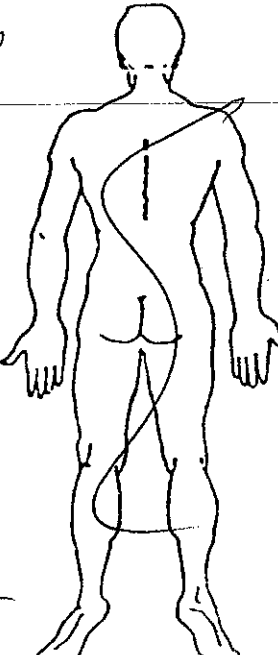
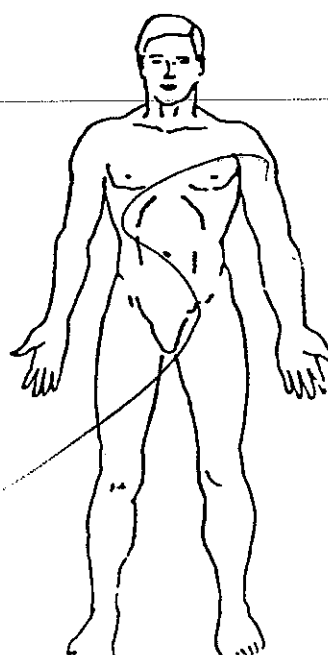
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CONFIDENTIAL RECORD
NOT TO BE PHOTO COPIED

| | | | |
|---------------------------|--------------------------------|-----------------|---------------------|
| State Name <u>Indiana</u> | ID#/DOB <u>107044 / 9-6-77</u> | Race <u>B/M</u> | Location <u>VCF</u> |
|---------------------------|--------------------------------|-----------------|---------------------|

Disciplinary Segregation Medical Documentation

DEPARTMENT OF CORRECTIONS
EMERGENCY/ Inmate TREATMENT RECORD
(OTHER)

wt. 172 3/4
Dis

| | | | | | | | | | | | | | |
|--|--|------------------------|--|---|--|---|--|---|--|-------------------------------|--|------------------------|--|
| DATE 3-13-03 | | TIME 1315 <u>PM</u> | | FACILITY <u>Ventner</u> <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/> | | <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OTHER | | | | | | | |
| ALLERGIES <u>MCA</u> | | | | CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA | | | | | | | | | |
| VITAL SIGNS: TEMP <u>99.2</u> <u>ORAL</u> <u>RECTAL</u> RESP. <u>20</u> | | | | PULSE <u>96</u> B/P <u>130/80</u> | | RECHECK IF SYSTOLIC <u>2</u> <100> 50 | | | | | | | |
| NATURE OF INJURY OR ILLNESS <u>O - BM brought to HCU by Officer K Cagle for body chart - inmate examined without shoes - no cuts, scrapes, bruises or abrasions noted</u> <u>A. Doc Body Chart</u> <u>P. Inmate returned to custody of Officer Cagle to be placed in disciplinary segregation</u> | | | | ABRASION/III | | CONTUSION # | | BURN <u>XX</u> <u>XX</u> | | FRACTURE <u>Z</u> <u>Z</u> | | LACERATION/ SUTURES | |
| | | | |  | | | |  | | | | | |
| ORDERS, MEDICATION, etc. | | | | | | | | | | | | | |
| DIAGNOSIS | | | | | | | | | | | | | |
| INSTRUCTIONS TO PATIENT | | | | | | | | | | | | | |
| RELEASE/TRANSFER DATE <u>3-13-03</u> <u>1031321</u> <u>PM</u> | | | | RELEASE/TRANSFERRED TO <u>B DOC</u> <input type="checkbox"/> AMBULANCE <input type="checkbox"/> | | | | CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL | | | | | |
| NURSE'S SIGNATURE <u>Mengill</u> | | | | DATE <u>3/13/03</u> | | PHYSICIAN'S SIGNATURE <u>[Signature]</u> | | DATE <u>3/13/03</u> | | CONSULTATION | | | |
| PATIENT'S NAME (LAST, FIRST, MIDDLE) <u>Lindsey, Stephen</u> | | | | | | AGE <u>27</u> | | DATE OF BIRTH <u>9-16-177</u> | | R/S <u>B/M</u> | | AIS # <u>207044</u> | |

FOR PERSONAL USE ONLY
CONFIDENTIAL RECORD
NOT TO BE REPRODUCED

NAPHCARE ADMINISTRATIVE SEGREGATION LOG

Name: Lindsay, Stephen AIS 707044 DOB 1347 UNIT 2001 YEAR 2001

| MONTH | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|-----------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| JANUARY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEBRUARY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MARCH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| APRIL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MAY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JUNE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JULY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AUGUST | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SEPTEMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OCTOBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NOVEMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DECEMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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KEY: M - MEDICAL
D - DENTAL
P - PSYCHIATRIC
N/C - NO COMPLAINTS

NURSES SIGN AND INITIAL

[Signature]
[Signature]
[Signature]
[Signature]

AMINISTRATIVE SEGREGATION LOG

1220

DECEMBER

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NURSES SIGN AND INITIAL

N/C-NO COMPLAINTS

R. B. Burkette, L. and R. B.

✓

DISCIPLINARY SEGREGATION MEDICAL DOCUMENTATION

| | |
|--|---|
| INITIAL ASSESSMENT | VITAL SIGNS: BP <u>130/72</u> P <u>80</u> R <u>20</u> |
| Signs of Trauma <input type="checkbox"/> No <input type="checkbox"/> Yes Describe: | |
| Medical/Mental Health Complaints <input type="checkbox"/> No <input type="checkbox"/> Yes Describe: | |
| Existing Medical/Mental Health Conditions <input type="checkbox"/> No <input type="checkbox"/> Yes Describe: | |
| Signature <u>M. Miller, RN</u> Date <u>11-17-06</u> Time _____ | |

| DATE/TIME | 11/18/06 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 12/1 |
|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| Crying | | | | | | | | | | | | | | |
| Signs of Trauma | | | | | | | | | | | | | | |
| Oriented x's 3 | | | | | | | | | | | | | | |
| Withdrawn | | | | | | | | | | | | | | |
| Hostile/Angry | | | | | | | | | | | | | | |
| Quiet | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Manic Behavior | | | | | | | | | | | | | | |
| Denies Complaint | | | | | | | | | | | | | | |
| Nurse's Signature | <i>M. Miller</i> | <i>M. Miller</i> | <i>M. Miller</i> | <i>M. Miller</i> | <i>M. Miller</i> | <i>M. Miller</i> | <i>M. Miller</i> | <i>M. Miller</i> | <i>M. Miller</i> | <i>M. Miller</i> | <i>M. Miller</i> | <i>M. Miller</i> | <i>M. Miller</i> | <i>M. Miller</i> |
| Comments (By Date) | | | | | | | | | | | | | | |
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| | | | |
|-------------------------------|------------------------|-------|-----------------------|
| NAME: <u>Linskey, Stephen</u> | ID#/DOB: <u>205042</u> | RACE: | LOCATION: <u>C-15</u> |
|-------------------------------|------------------------|-------|-----------------------|

TREATMENT REQUEST AND RECORD

SEG

of Request

Requested By

Patient Status

☐

IP

☐

OP

Rx. Orders

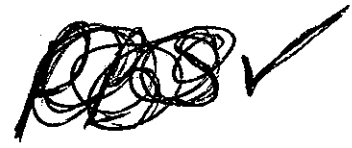
12-1-2000

Clinical Diagnosis

Date of Onset

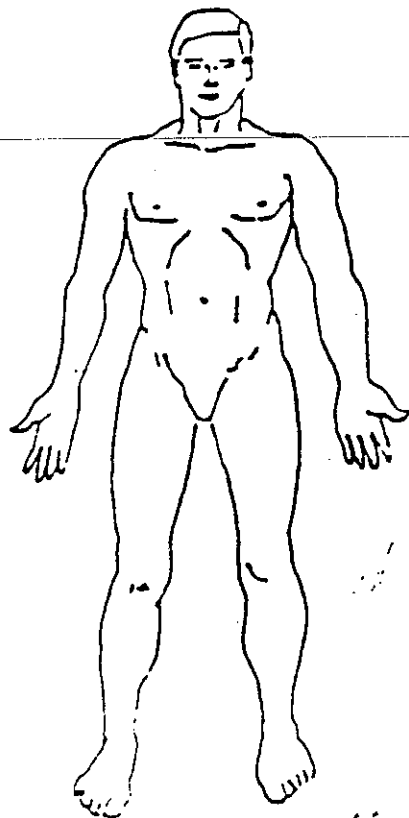
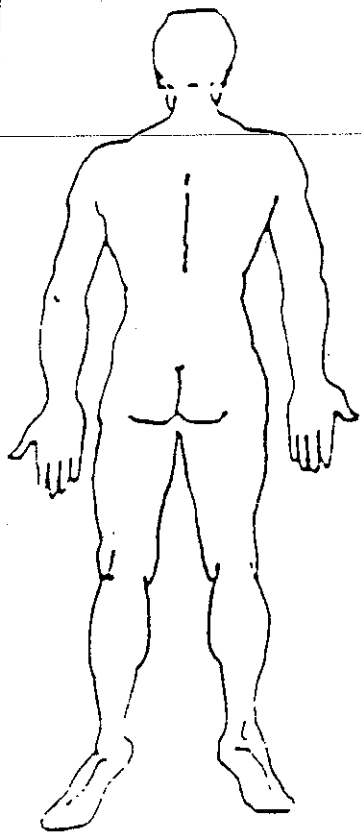
12-1-2000

Date of Surgery



Foot soak Qweek
for 30min. x4 (SEG)

AREA OF TREATMENT (CIRCLE)



PROGRESS NOTES:

RECORD OF TREATMENT

MONTH 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

DEC. [X] [X] [X] [M] ←

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NOT TO BE REPRODUCED

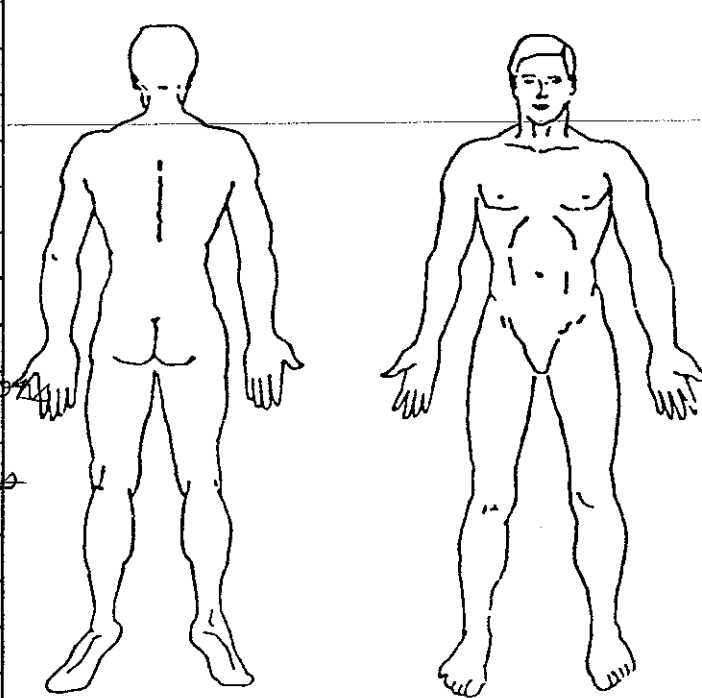
Patient's Last Name First Lindsey, Stephen

207044

Age R/S

DEPARTMENT OF CORRECTIONS

EMERGENCY/ (OTHER) TREATMENT RECORD

| | | | | | | | | | | | | | |
|---|--|------------------------|--|---|--|--|--|-----------------------------------|--|---|--|------------------------|--|
| DATE 11-17-00 | | TIME 1705 <u>PM</u> | | FACILITY <u>St. Clair</u> | | <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OTHER | | | | | | | |
| ALLERGIES <u>NKA</u> | | | | CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA | | | | | | | | | |
| VITAL SIGNS: TEMP <u>98.6</u> ORAL RECTAL RESP. <u>18</u> | | | | PULSE <u>76</u> B/P <u>124/72</u> | | RECHECK IF SYSTOLIC <100> 50 | | | | | | | |
| NATURE OF INJURY OR ILLNESS <u>TO HCU per DOC for body chart</u> | | | | ABRASION/// | | CONTUSION # | | BURN <u>XX</u> <u>XX</u> | | FRACTURE <u>Z</u> | | LACERATION/ SUTURES | |
| | | | |  | | | | | | | | | |
| PHYSICAL EXAMINATION <u>No cuts, bruises or lacerations to head, chest, back or legs. Denies any injuries or illness at this time.</u> | | | | | | | | | | | | | |
| ORDERS, MEDICATION, etc. <u>NO treatment at this time</u> | | | | | | | | | | | | | |
| DIAGNOSIS <u>11-17-00</u> <u>Clair</u> | | | | | | | | | | | | | |
| INSTRUCTIONS TO PATIENT <u>FOR PROFESSIONAL USE ONLY</u> <u>CONFIDENTIAL RECORD</u> <u>NOT TO BE RELEASED</u> | | | | | | | | | | | | | |
| RELEASE/TRANSFER DATE <u>11/17/00 1710</u> | | | | TIME <u>PM</u> | | RELEASE/TRANSFERRED TO <input checked="" type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/> | | | | CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL | | | |
| NURSE'S SIGNATURE <u>J. Sanders L.M.</u> | | | | DATE <u>11-17-00</u> | | PHYSICIAN'S SIGNATURE | | | | DATE | | CONSULTATION | |
| PATIENT'S NAME (LAST, FIRST, MIDDLE) <u>Lindsay & Stephon</u> | | | | | | AGE <u>23</u> | | DATE OF BIRTH <u>9, 06, 77</u> | | R/S <u>BM</u> | | AIS # <u>207044</u> | |

DISCIPLINARY SEGREGATION MEDICAL DOCUMENTATION

INITIAL
ASSESSMENT

VITAL SIGNS: BP _____ P _____ R _____

Signs of Trauma ☐ No ☐ Yes Describe:

Medical/Mental Health Complaints ☐ No ☐ Yes Describe:

Existing Medical/Mental Health Conditions ☐ No ☐ Yes Describe:

Signature _____ Date _____ Time _____

| DATE/TIME | 10/31 | 11/1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|-------------------|-------|------|---|---|---|---|---|---|---|---|----|----|----|----|
| Crying | | | | | | | | | | | | | | |
| Signs of Trauma | | | | | | | | | | | | | | |
| Oriented x's 3 | | | | | | | | | | | | | | |
| Withdrawn | | | | | | | | | | | | | | |
| ostile/Angry | | | | | | | | | | | | | | |
| Quiet | | | | | | | | | | | | | | |
| Manic Behavior | | | | | | | | | | | | | | |
| Denies Complaint | | | | | | | | | | | | | | |
| Nurse's Signature | | | | | | | | | | | | | | |

Comments (By Date)

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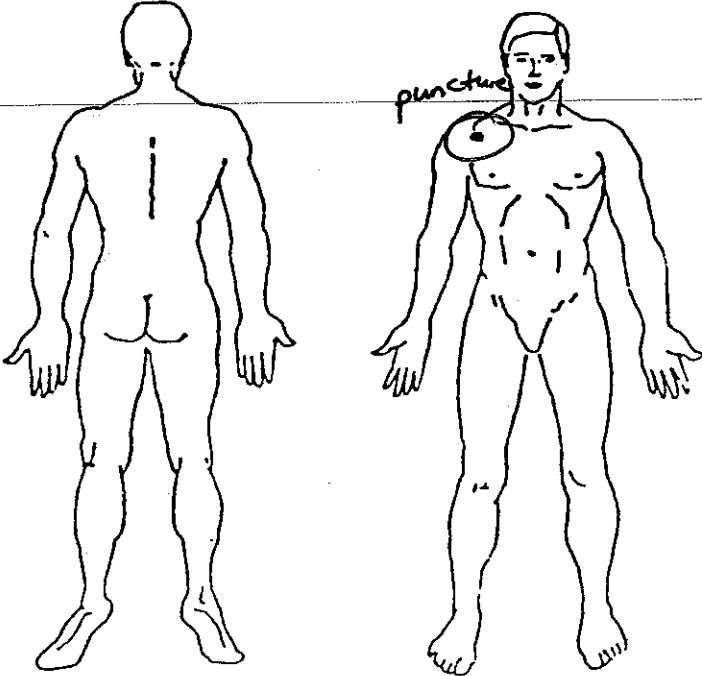

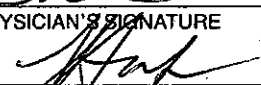
NAME: Lindsey Stephen

ID# / DOB: 207044 RACE:

LOCATION: C12

DEPARTMENT OF CORRECTIONS

EMERGENCY/ (OTHER) TREATMENT RECORD

| | | | | | | | | | |
|---|--|---|--|---|--|---|------------------------------------|--------------------------------------|---|
| DATE 10-30-00 | | TIME 2105 <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM | | FACILITY ST. Clair | | <input type="checkbox"/> EMERGENCY | | | |
| | | | | <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input checked="" type="checkbox"/> ESCAPEE | | <input checked="" type="checkbox"/> OTHER | | | |
| ALLERGIES NKA | | | | CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA | | | | | |
| VITAL SIGNS: TEMP 98.6 ORAL RECTAL RESP. 20 PULSE 80 B/P 130/72 | | | | RECHECK IF SYSTOLIC <100> 50 | | | | | |
| NATURE OF INJURY OR ILLNESS Body Chart per DOC | | | | ABRASION/// | | CONTUSION # | BURN ^{xx} / _{xx} | FRACTURE ^Z / _Z | LACERATION/ SUTURES |
| | | | |  | | | | | |
| PHYSICAL EXAMINATION Puncture wound F/m stated stabbed w ice pick ø cp SAB. Lung sounds clear bilat NO Acute distress N/A | | | | | | | | | |
| ORDERS, MEDICATION, etc. 1. Cleaned w sterile H₂O 2 dsq w 2x2 | | | | | | | | | |
| FOR PROFESSIONAL USE ONLY CONFIDENTIAL RECORD NOT TO BE PHOTO COPIED | | | | | | | | | |
| DIAGNOSIS Alt in combat | | | | | | | | | |
| INSTRUCTIONS TO PATIENT Follow proper S/C procedure | | | | | | | | | |
| RELEASE/TRANSFER DATE 10 130 | | TIME 2120 <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM | | RELEASE/TRANSFERRED TO D.O.C | | CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL | | | |
| NURSE'S SIGNATURE  | | DATE 10-30-00 | | PHYSICIAN'S SIGNATURE  | | DATE 10-31-00 | | | |
| PATIENT'S NAME (LAST, FIRST, MIDDLE) Lindsay STEPhon | | | | AGE 23 | | DATE OF BIRTH 9 16 77 | | R/S B/m | AIS # 207044 2744 |

NOTES

TIME

5/27/05

8:15 AM

AM alternate seen in Pop CR
per request Doc officers
who had witnessed
"going off" behaviors
S: al dont know what they
are talking about right
off. - al dont think it
aint though - aln doing
good - People are trying
to provoke me some
but al cant remember anything
really bad - al get
irritated but al find
things to do - Tell them
we can agree to disagree
O: A, A, O - Calm, cooperative,
coherent - extremely polite
No change in usual
deemeanor - Behavior
appropriate - Mood good.
Denies ST "..."

A: PTSD - Functioning well
in Pop. at present
according to intimate
P: Refer Dr. Earnshaw
Continue to monitor -
See Pp.

P. Refer P. Earnshaw
Continue to monitor -
See PRN or 1 month
climate seen in Pop.
CR

5: alm doing pretty good.
Havent been in any comfort-
tionis - Still going to SLAA.
- If I see a woman I just
keep on going - Still working
as a dorm cleaner - At 4

Leif Dahl M.S.

Lesf Pdd 14.5

Patient's Name, (Last, First, Middle)

AIS#

Age

R/S

Facility

Lindzey, Stephen

207044

27

B/

Hal

IN DISCIPLINARY PROGRESS NOTES

| DATE | TIME | NOTES | SIGNATURE |
|----------------|---------|---|--|
| 8:32 4/8/05 | 8:32 AM | <p>elmate seen in pop ER S: Been kind of tough down there - Played a movie about a girl that was molested. Made me get a flashback - I got real angry. I went & talked to someone.</p> <p>O: A, A, O Extremely polite, calm, cooperative, coherent - Showing insight, coping skills improving. Highly motivated in therapy. Denies SI, HI, Halluc.</p> <p>A: PTSD - Functioning well at present.</p> <p>P: Given & Given Materials see 1 month or as needed</p> | |
| 5/18/05 | 8:16 AM | <p>elmate seen in Pop ER. S: elm doing okay - Finished an SLAA - Signed on to do another one - Also a 12 week program - Sub about things that came that state of mind - That 38 state of mind - also been almost 6 months - I feel good - I feel like doing it sometimes & my behavior feels like it is gonna get aggressive I think of the things that keep me from it - People watch me to & that helps too.</p> <p>O: A, A, O Calm, extremely polite, coherent - Effect, behavior appropriate</p> | <p>Jeff Dodd M.S.</p> <p>NOT TO BE PHOTOCOPIED</p> <p>Jeff Dodd M.S.</p> |

| Patient's Name, (Last, First, Middle) | AIS# | Age | R/S | Facility |
|---------------------------------------|--------|-----|-----|----------|
| Lindley, Stephen | 207044 | 27 | 3/M | Hal |

Alabama Department of Corrections

Psychiatric Progress Note

| | |
|--|---|
| DATE: <u>2-9-04</u> | TIME: <u>0725</u> |
| Target Symptoms | Behavioral Rating Scale 0=No problem 5= worst |
| <u>self-injurious behavior</u> | Today vs Before <u>0 4</u> |
| | |
| | |
| | |
| Medications: <u>None</u> | Informed Consent |
| Compliance: Inmate report _____ % vs MAR _____ % | |

In addition to the information in the tables above and below, then inmate-patient:

S Cell cleaner. SHAA wkly. I saw behavior as child-like response tantrum. Feel good, contact family.

Side effects?
N.A.

O A, A, O. Speech fluent, productive; mood intense & thoughtful. Obviously moving beyond primary process; evaluating his responses/options.

| Selected Issues | NO | YES | If yes, comment on pertinent positive findings |
|-------------------------|----------|-----|--|
| Psychosis | <u>X</u> | | |
| Serious Depression | <u>X</u> | | |
| Self-Injurious Thoughts | <u>X</u> | | |
| Suicidal intent | <u>X</u> | | |
| Aggressive | <u>X</u> | | |
| Seriously Impulsive | <u>X</u> | | |
| Situational Upset | <u>X</u> | | |

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| | | | |
|-----------------------|--------------------|---------------------|--------------|
| Lab info: <u>N.A.</u> | Labs Ordered _____ | Labs Reviewed _____ | AIMS ? _____ |
|-----------------------|--------------------|---------------------|--------------|

| |
|--|
| ASSESSMENT/Diagnosis (DSM-IV): |
| <u>PTSD</u> |
| <u>Self injurious beh.</u> |
| |
| Plan: <u>No meds. Continue SMI. Consider A to HIST</u> |
| <u>p 6-12 mos.</u> |

Return to clinic: 3 mos. Print last Name: Earnshaw Sign H. Earnshaw MD

| Patient's Name: (Last, First, Middle) | ASI# | Age | R/S | Code | Institution |
|---------------------------------------|---------------|-----------|------------|------------|---------------|
| <u>Lindsay, Stephen</u> | <u>207044</u> | <u>27</u> | <u>B/M</u> | <u>SMI</u> | <u>Holman</u> |

IN: DISCIPLINARY PROGRESS NO 3

| DATE | TIME | NOTES | SIGNATURE |
|--------------------|-----------------|---|------------------|
| 12-23-04 | 0800 | See Psych Eval | R. Earnshaw MD |
| 1/31/05 | elms | | |
| 1/31/05 | 3 PM | elmsate seen in Pop CR 5: Yr mom & know you are the psychiatrist today. I am doing better - I ain't doing the stalking thing w/ women - I catch myself & I don't want to be like that - That's why I was tying that string around my leg to remind me not to go to the door & commit another 38. I was molested as a child - by a older male cousin - I also molested some child - one cousin & one stranger. I am trying to get stronger - I want to stop doing that stuff - O: A, A, O Polite, calm, coherent, cooperative - Appears to be motivated to change behavior Unwilling to try meds at present - Denies SI, HI, Halluc. PT - Reports morning reading all day - "Get out of the Crips" A: PTSD - Apparently motivated, responsive in therapy P: See 9 months of PRN | |
| | | | Terri Dodel M.S. |

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| Patient's Name, (Last, First, Middle) | AIS# | Age | R/S | Facility |
|---------------------------------------|--------|-----|-----|----------|
| Lindsay, Stephon | 207044 | 27 | B/M | Holman |

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES

PSYCHIATRIC EVALUATION

PAGE 1

Referred by:

☐ Admission to Institution ☐ Mental Health Staff ☐ Medical Staff ☒ Other Psych Assoc

Reason for Referral (Presenting Problem):

See Referral - broke down under prog review. Hx molestation.
Sexual preoccupations.

Psychiatric History (inpatient/outpatient/medications prescribed):

27yo BM 17-or younger PMD (Sent sis for Nintendo⁴ duck hunting gun; stepdad thought wanted his gun. Beat pt up.) @ PMD until Kilby, no meds.
Was to Flu (would have), but parents didn't.FH: @ 4 hosps; Mom PMD; @ suicide.
"some needed," ? meds/tx.
AA.

Pertinent Medical History: NKA. On no meds.

Substance Abuse History:

MJ - 15yo. Last this year. Not daily.

EtOH on street.

@inj.

Pertinent Personal/Family History (inmate's sentence): First incarceration.

120 yrs; Dec/Nov 3 2008

Gadsden @ wife/GF/kids. Father, only support.

Institutional Adjustment (current placement):

Ventress x >1yr, Holman x 13mos, St Clair x 14-15mos,
Kilby x 2wks, Co x 9mos.FOR PROFESSIONAL USE ONLY
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Inmate Name

Lindsay, Stephon

AIS #

207044

DOC Form #456-01 Page 1 of 2

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES

PSYCHIATRIC EVALUATION

PAGE 2

Mental Status Examination:

Appearance and Behavior: *Poor eye contact.*Mood and Affect: *Anxious. Tense.*Speech and Language: *Soft. Responsive. Productive, but slow.*Thought Process: *Logical, coherent. Magical @ times.*

Page onset. Thought Content and Perceptions: *Grandiose thoughts @ times (make self ascend to heaven)*
And hallu-conversation, derogatory, command.
 Cognitive Assessment: *to 9th. GED (Holman) Paint, plants.*
physical labor. @ Spec Ed, @ disabilities.
 Insight/Judgement:

Suicide/Violence Risk Assessment: *x 2. 10yo; hang self, string broke. Felt bad 2°*
 Past Suicidal Ideation/Attempts (dates and methods): *scar & stitches on face.*
2nd attempt same. "Hung there for awhile - took myself down"

Current Suicidal Ideation and Behavior: *Denies**Beats self to punish for sexual thoughts*
*and to not respond to command hallu.*Past Violent/Assaultive Behavior: *Admits. last a locked up.*
*Responding to others' aggression.*Current Violent/Assaultive Ideas/Behavior: *Denies.*

Diagnostic Impression

Axis I: *PTSD (molestation); self injurious behavior*Axis II: *Mixed*Axis III: *No %*Axis IV: *Incarceration*Axis V: *55/55*

Treatment Recommendations (including medications/labs ordered/special housing)

*A to SMI.**Inmate does not want meds at this time.**Stephon Lindsay*CONFIDENTIAL RECORD
NOT TO BE PHOTO COPIEDPsychiatric Follow-Up Required Within: *30* Days*H. Earnshaw MD*

A. Psychiatrist Signature

12-23-04

Date

Inmate Name

Lindsay, Stephon

AIS #

207044

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
REFERRAL TO MENTAL HEALTH

REASON FOR REFERRAL:☐ **CRISIS INTERVENTION**

- ☐ Family problem: _____
- ☐ Problems with other inmates: _____
- ☐ Recent stress: _____
- ☐ Other: _____

☒ **EVALUATION OF MENTAL STATUS**

- | | | |
|--|---|---|
| <input type="checkbox"/> Suicidal | <input checked="" type="checkbox"/> Anxious | <input type="checkbox"/> Physical Complaints |
| <input type="checkbox"/> Homicidal | <input checked="" type="checkbox"/> Depressed | <input type="checkbox"/> Sleep Disturbance |
| <input type="checkbox"/> Mutilating | <input checked="" type="checkbox"/> Withdrawn | <input type="checkbox"/> Hallucinations/Delusions |
| <input type="checkbox"/> Hostile, Angry | <input type="checkbox"/> Poor hygiene | <input type="checkbox"/> Suspicious |
| <input type="checkbox"/> Other inappropriate behavior: <u>obsessive masturbation and sexual behavior</u> | | |

☐ **HISTORY OF PSYCHOTROPIC MEDICATION PRIOR TO INTAKE**☐ **REFERRAL TO 12 STEP PROGRAM OR WORKSHOPS (list Below)**

COMMENTS: INMATE broke down during prison workers issues. He went on and on into tears about being molested and his sexual behavior prior to prison and in prison. He punished himself by shaving his eyebrows. Tied himself down before a pill call to keep from exposing himself. Took a big step asking for help. Shy of seeing mental health. Season Christmas may be affecting him. Psychiatric intervention is needed. May become sexual predator. May harm self seriously to stop his obsession.

Referred by: Richard Holbrook L.P.C. Phone Contact #: 342 Date: 12/22/09

☐ Referral for psychiatrist (referral has been screened by mental health or medical staff)

MENTAL HEALTH FOLLOW-UP: EVALUATION/TREATMENT/DISPOSITION

See Psych Eval.

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Follow-Up by: N. Earnshaw M.D.

Date: 12-23-04

| | | |
|---------------------------------------|----------------------|-----------------------|
| Inmate Name <u>Stephen Lindsey</u> | Cell # <u>505</u> | AIS # <u>20744</u> |
|---------------------------------------|----------------------|-----------------------|

Disposition: Medical file

Reference: ADOC AR 609,612,613,614, 627
ADOC Form MH-008 - November 30, 2004

PSYCHOLOGICAL UPDATE

Name: Stephen Lindsey AIS#: 207049 R/S: BM
Date: 05/09/02 Date of Birth: 9/6/77 Age: _____

Inmate Lindsey was last evaluated by ADOC psychology staff member _____ on 5/9/02.
A diagnosis of Substance Abuse was made and the inmate was recommended for participation in Mental Health.

The following observations and recommendations are made as a result of the current interview:

I. Educational Needs

☒ a. ABE ☐ b. Special Education ☒ c. Trade School ☐ d. Junior College

II. Mental Health Needs

☐ A. Refer to psychiatrist ☐ E. Sexual adjustment ☐ I. Self-concept enhancement
☐ B. Substance abuse counseling ☐ F. Reality therapy ☐ J. Healthy use of leisure
☐ C. Depression ☐ G. Anger-induced acting out ☐ K. Personal development
☐ D. Stress management ☐ H. Values clarification

Date referred to psychiatrist 5/9/02

III. RECOMMENDATIONS/REMARKS:

No history of mental health treatment

MENTAL HEALTH CODE:

SMI

HARM

HIST

NONE

Evaluation Completed by: Michael L. Brown, LPC

Date: 05/09/02

N-259 A (2/2001)

White to Central Records

Yellow to Institutional File

Pink to Data Entry and forwarding to Medical Record

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PSYCHOLOGICAL INTERVIEW / DATA ENTRY FORM

Name: Lin Dora, Stephen AIS #: 207044 R/S Bm
 Date: 11 / 18 / 99 DOB: 9 / 16 / 77 AGE: 22
 Beta II 97 WAIS 104 WRAT-RL 98 Last School Grade Completed 9
 MMPI Welsh Code 12489731-52/0: LK-F- Megargee Type 1

General Appearance

- 1 a. Neat and generally appropriate _____ c. Flat or avoiding interaction
 _____ b. Poorly groomed _____ d. Sad or worried
 _____ e. Other _____

I. Interpersonal Functioning

- 1 a. Normal-good relationships likely _____ d. Lacks skill or confidence
 _____ b. Withdrawn / apparent loner _____ e. Probably difficult to get along with
 _____ c. Likely to ignore rights / needs *Other (Specify) _____ 1. _____ 2.
 _____ 3. _____ 4. _____ 5. _____ 6. (See Copy) _____

II. Personality

- _____ a. Healthy _____ d. Explosive
1 b. Antisocial _____ e. Dependent
 _____ c. Paranoid _____ f. Passive-Aggressive
 Other (Specify): _____ 1. Schizoid _____ 2. Schizotypal _____ 3. Histrionic _____ 4. Narcissistic
 _____ 5. Borderline _____ 6. Avoidant _____ 7. Compulsive _____ 8. Atypical/mixed
 _____ 9. See Copy (Write in your wording) By current changes. No past.

Poor work history.

III. Substance Abuse

- 1 a. Alcohol addiction / abuse history Alcohol 3 years
my use daily - 100.
 _____ b. Drug addiction / abuse history No drugs or any kind.

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N-259

White to Central Records File
 Yellow to Institutional File
 Pink to Hospital Records

*See manual for selections and numbers for "other"

PHS000041

***** MMPI-2 ADULT INTERPRETIVE SYSTEM *****

developed by

Roger C. Greene, Ph.D.
Robert C. Brown, Jr., Ph.D.
and PAR Staff

-- CLIENT INFORMATION --

Client : Lindsay, Stephon Age : 22
Sex : Male Marital Status :
Education : Date of Birth : 09/06/77
File Name : 207044
Prepared for: DEPARTMENT OF CORRECTIONS on 11/17/99

The interpretive information contained in this report should be viewed as only one source of hypotheses about the individual being evaluated. No decisions should be based solely on the information contained in this report. This material should be integrated with all other sources of information in reaching professional decisions about this individual. This report is confidential and intended for use by qualified professionals only. It should not be released to the individual being evaluated.

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PRISON HEALTH SERVICES, INC.

YEARLY HEALTH EVALUATION

| I. HISTORY - (LPN or RN) | YES | NO | COMMENT(S) |
|---|-----|----|--|
| Weight Change (greater 15 lbs.) (Compare Weight Below) | | ✓ | 166 1/2 2-10-06 Last weight at least 6 months ago |
| Persistent Cough | | ✓ | |
| Chest Pain | | ✓ | |
| Blood in Urine or Stool | | ✓ | |
| Difficult Urination | | ✓ | |
| Other Illnesses (Details) | | ✓ | |
| Smoke, Dip or Chew | ✓ | | 4 cig. a day |
| ALLERGIES | | ✓ | |

Weight 158 Temp 98.8 Height 6'1" Pulse 78 Resp 20 Blood Pressure 120/70
 Eye Exam: 20/25 OD 20/40 OS 20/25 OU 09/25/07 98.8 If greater than > 140/90, repeat in 1 hour.
 Refer to M.D. if remains > 140/90.

| II. TESTING - (LPN or RN) | RESULTS |
|--|---|
| Tuberculin Skin Test (q yr) | FSBS <u>98</u> Date given <u>4-23-07</u> Site <u>LFA</u> Read on <u>4-25-07</u> Results <u>0</u> mm Survey Completed _____ Date _____ Results _____ |
| Past Positive TB Skin Test (Chest x-ray if clinical symptoms) | → Date <u>2-18-05</u> Results <u>NR</u> |
| RPR (q 3 yrs) | <u>NA</u> |
| EKG (baseline at 35, over 45 q 3 yrs) | <u>NA</u> |
| Cholesterol (at 35 then q 5 yrs) | <u>NA</u> |
| Tetanus/Diphtheria (q 10 yrs) per inmate (if done today) | Last Given <u>2007</u> Due <u>2017</u> at <u>Bullock Correctional</u> Site given _____ Dose _____ Lot # _____ |
| Optometry Exam (@ 50 if not already seen) | <u>NA</u> |
| Mammogram (females @ 40, q 2 yrs/other M.D. order) | Date <u>NA</u> Results _____ |

| III. PHYSICAL RESULTS - (RN, Mid-Level, M.D.) | Restrictions |
|---|---|
| Class 1 <u>2</u> 3 4 5 | <u>plate in left wrist</u> |
| Heart | <u>clear</u> |
| Lungs | <u>clear</u> |
| Breast Exam | <u>self exam taught</u> |
| Rectal (yearly after 45) with Hemoccult | Results <u>NA</u> |
| Pelvic and PAP (q 1 yr) | Results _____ Date <u>NA</u> Results _____ |

Facility VCF Nurse Signature Mark M Date 4-23-07M.D. or Mid-Level Signature Ray Law Date 4/26/07

INMATE NAME AIS# D.O.B. RACE/SEX

Lindsay, Stephen2070447-6-77B/mFOR PRISON USE ONLY
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PRISON HEALTH SERVICES, INC.

HEALTH EVALUATION

| I. HISTORY – (LPN or RN) | YES | NO | COMMENT(S) |
|---|-----|----|--|
| Weight Change (greater 15 lbs.) (Compare Weight Below) | | ✓ | 150 ^{lb} Last weight at least 6 months ago |
| Persistent Cough | | ✓ | |
| Chest Pain | | ✓ | |
| Blood in Urine or Stool | | ✓ | |
| Difficult Urination | | ✓ | |
| Other Illnesses (Details) | ✓ | | hx of SLE |
| Smoke, Dip or Chew | | ✓ | |
| ALLERGIES | | ✓ | |

Weight 160^{lb} Temp 97.5 Pulse 72 Resp 20 Blood Pressure 130/100
 Eye Exam: 20/30 OD 20/25 OS 20/20 OU
 If greater than > 140/60, repeat in 1 hour.
 Refer to M.D. if remains > 140/90.

| II. TESTING – (LPN or RN) | RESULTS |
|--|--|
| ✓ Tuberculin Skin Test (q yr) | Date given <u>2/5/06</u> Site <u>LFA</u> |
| <u>Tetanus due</u> | Read on <u>2/10/06</u> Results <u>0</u> mm |
| Past Positive TB Skin Test → | Survey Completed <u>N/A</u> |
| (Chest x-ray if clinical symptoms) | Date <u>N/A</u> Results <u>N/A</u> |
| RPR (q 3 yrs) | Date <u>2-4-05</u> Results <u>NR</u> |
| EKG (baseline at 35, over 45 q 3 yrs) | <u>N/A</u> |
| Cholesterol (at 35 then q 5 yrs) | <u>N/A</u> |
| ✓ Finger Stick Blood Sugar | Results <u>87</u> |
| * If > than 200 repeat Finger Stick BS within 48 hours | Results <u>N/A</u> |
| Optometry Exam (@ 50 if not already seen) | <u>N/A</u> |
| Mammogram | Date <u>N/A</u> Results <u>—</u> |
| (females @ 40, q 2 yrs/other M.D. order) | |

III. PHYSICAL RESULTS – (RN, Mid-Level, M.D.)

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| | |
|--------------------------|------------------------------------|
| Heart | <u>RRR</u> |
| Lungs | <u>clear BL</u> |
| Breast Exam | <u>no masses</u> |
| Rectal (yearly after 45) | Results <u>N/A</u> |
| with Hemoccult | Results <u>N/A</u> |
| Pelvic and PAP (q 1 yr) | Date <u>N/A</u> Results <u>N/A</u> |

Facility Halman Nurse Signature Michaela M Date 2/5/06M.D. or Mid-Level Signature Delano Benjamin, M.D. Date 2/10/06

| INMATE NAME | AIS# | D.O.B. | RACE/SEX |
|-------------------------|---------------|---------------|------------|
| <u>Lindsay, Stephen</u> | <u>207044</u> | <u>9/6/77</u> | <u>B/M</u> |

CORRECTIONAL MEDICAL SERVICES
MEDICAL HISTORY AND SCREENINGKCF
INSTITUTION

| | | | | |
|---|-----------------------|---------------------------|--|---|
| INMATE NAME: <u>Lindsey, Stephen</u> | | ID# <u>207044</u> | RACE: <u>B</u> | D.O.B. <u>9-6-77</u> |
| INMATE QUESTIONNAIRE (circle one) | | | CURRENT MEDICAL CONDITIONS (circle terms that apply) | |
| 1. Do you have a medical problem such as bleeding or injuries that requires immediate medical attention? | Yes | No | Unconscious | Skin Infection |
| 2. Have you fainted or had a head injury within past six months? | Yes | No | Disoriented | Restricted Mobility |
| 3. Have you been seen by a doctor in the past six months? | Yes | No | Intoxicated | Skin Rash |
| 4. Do you wear glasses or contact lenses? | Yes | No | Lesions | Jaundice |
| 5. Do you have prosthesis, splint, crutches, cast or brace that you need while here? | Yes | No | Obvious Pain | Needle Marks |
| 6. Do you drink wine, beer or whiskey? How often? <u>daily</u> How much? <u>12 oz</u> Last time? <u>12-18</u> | Yes | No | Bruises | Swollen Glands |
| 7. Have you had seizures or blackouts when you stop drinking? | Yes | No | Fever | Active Cough |
| 8. Do you use drugs? Type <u>MA</u> How often? <u>daily</u> Last time <u>12-18</u> | Yes | No | Nausea | Vaginal/Penile Discharge |
| 9. Have you had withdrawal problems when you stop taking drugs? | Yes | No | Uses Tobacco | Dental Problems |
| 10. Are you currently detoxing? If yes, from what substance? | Yes | No | MEDICAL HISTORY (circle terms that apply) | |
| 11. Do you have any medical problems we should know about? | Yes | No | Arthritis | Frequent Diarrhea |
| 12. Have you been in this facility before? | Yes | No | Diabetes | Genital Sores |
| MENTAL HEALTH | | | Seizure Disorder | V.D. |
| 13. Have you ever been hospitalized or treated for psychiatric problem? | Yes | No | Asthma | Hepatitis |
| 14. Have you ever considered or attempted suicide | Yes | No | Special Diet | HIV+ |
| 15. Are you feeling depressed or extremely sad? | Yes | No | Heart Condition | Tuberculosis |
| 16. Do you want to hurt yourself or someone else? | Yes | No | Hypertension | Persistent Sore Throat |
| 17. Are you hearing voices? If yes, what are they saying? | Yes | No | Stomach Ulcer | Dental Problems |
| FEMALE INMATES ONLY | | | Cancer | Surgeries |
| 18. Are you pregnant? <u>LMP</u> | Yes | No | Sickle Cell Anemia | Chest Pain |
| 19. Do you use birth control? Type <u>X</u> | Yes | No | Emphysema | Jaundice |
| 20. Have you recently had a baby, mis-carriage or abortion? | Yes | No | TB HISTORY | |
| COMMENTS: (Explain "Yes" Responses) | | | Ever treated with TB Drugs? Yes <u>No</u> | Previous PPD test? Yes <u>No</u> |
| VITAL SIGNS | | | When <u>2-99</u> | Previous Positive Reaction? Yes <u>No</u> |
| HT <u>5'7"</u> WT <u>166</u> BP <u>100/82</u> | | | Where <u>Edwards</u> | Chronic Cough/Blood |
| Pulse <u>82</u> Resp <u>22</u> Temp <u>98.3</u> | | | Recent Weight Loss | Fever |
| DISPOSITION | | | Recent Appetite Loss | Night Sweats |
| Referrals <u>None</u> | Placement | FATIGUE | | |
| <u>Emergency Room (Pre-booking injury)</u> | <u>Infirmary</u> | MEDICATIONS | | |
| <u>Emergency Room (Acute Condition)</u> | <u>Detoxification</u> | Current Medications: | | |
| <u>Physician</u> | <u>Setting</u> | FOR PROFESSIONAL USE ONLY | | |
| <u>Sick Call</u> | <u>Gen Population</u> | CONFIDENTIAL RECORD | | |
| | <u>Other</u> | NOT TO BE PHOTO COPIED | | |
| ALLERGIES | | | Medication Allergies: Yes <u>No</u> | |
| | | | Type: <u>None</u> | |
| | | | Other Allergies: Yes <u>No</u> | |
| | | | Type: <u>None</u> | |

I acknowledge that I have answered all questions truthfully and have been told the way to obtain health services and consent to routine care provided by facility healthcare professionals. I understand that any medications not picked up within 30 days of release will be destroyed.

Screened by: [Signature] Date: 11-16-99 Time: 1:35 pm

Reviewed by: [Signature] Date: Time:

Revised 4/28/97 (CMS 7107)

**ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
TREATMENT PLAN: OUTPATIENT CARE (REVIEW)**

Treatment Plan Reviewed On: 8/1/05 Treatment Plan Initiated On: 1/15/05

Inmate's Current Housing Location: Holmes/Sey Institution: Holmes

CURRENT STATUS:

| | |
|--|---|
| Problem #1 <u>Self injurious behavior</u> | |
| Target Date for Resolution: <u>6 mo / ongoing</u> | |
| Status: | Resolved <input checked="" type="checkbox"/> No Change <input type="checkbox"/> Modified <input type="checkbox"/> |
| Outcome/Modification: <u>Insight into behavior, awareness reduced anger to injury self</u> | |
| Staff Member Responsible: <u>MHP</u> | Frequency: <u>monthly</u> |

| | |
|---|---|
| Problem #2 <u>Intensive thought recently trauma</u> | |
| Target Date for Resolution: <u>ongoing</u> | |
| Status: | Resolved <input type="checkbox"/> No Change <input type="checkbox"/> Modified <input checked="" type="checkbox"/> |
| Outcome/Modification: <u>Reduced flashbacks, minimal impact on adjusting feel more in control</u> | |
| Staff Member Responsible: <u>MHP</u> | Frequency: <u>monthly</u> |

| | |
|-----------------------------|--|
| Problem #3 | |
| Target Date for Resolution: | |
| Status: | Resolved <input type="checkbox"/> No Change <input type="checkbox"/> Modified <input type="checkbox"/> |
| Outcome/Modification: | |
| Staff Member Responsible: | Frequency: |

Comments: Inmate has improved, more in control, adjusting to
pop. - will consider change to Med. if progress continues

Second Page attached: Yes ☐ No ☐

| Treatment Team Members | |
|---|----------------------|
| Psychiatrist: <u>N. Earnshaw MD</u> | Date: <u>8-23-05</u> |
| Mental Health Nurse: <u>Starverson Smith</u> | Date: <u>8-23-05</u> |
| Treatment Coordinator: <u>Raymond Green PhD</u> | Date: <u>8-23-05</u> |
| Inmate Agreement: <u>Stephen Lindsay</u> | Date: <u>9-1-05</u> |
| Next Treatment Plan Review by: | (within six months) |

| | |
|---------------------------------------|------------------------|
| Inmate Name <u>Lindsay Stephen</u> | AIS # <u>207044</u> |
|---------------------------------------|------------------------|

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AR462- October 5, 2001

PHS000046

**ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
TREATMENT PLAN: OUTPATIENT CARE (REVIEW)**

Treatment Plan Reviewed On: 7/6/05 Treatment Plan Initiated On: 1/18/05

Inmate's Current Housing Location: Pop Institution: Holmen

CURRENT STATUS:

| | |
|---|---|
| Problem #1 <u>Self injurious behavior</u> | |
| Target Date for Resolution: <u>6 months</u> | |
| Status: | Resolved <input type="checkbox"/> No Change <input type="checkbox"/> Modified <input checked="" type="checkbox"/> |
| Outcome/Modification: <u>Behavior significantly decreased</u> | |
| Staff Member Responsible: <u>MHP/PHD</u> | Frequency: <u>90/30</u> |

| | |
|--|---|
| Problem #2 <u>intrusive thoughts that recall traumatic events</u> | |
| Target Date for Resolution: <u>6 months</u> | |
| Status: | Resolved <input type="checkbox"/> No Change <input type="checkbox"/> Modified <input checked="" type="checkbox"/> |
| Outcome/Modification: <u>inmate reports decrease in intrusive thoughts</u> | |
| Staff Member Responsible: <u>MHP/PHD</u> | Frequency: <u>90/30</u> |

| | |
|-----------------------------|--|
| Problem #3 | |
| Target Date for Resolution: | |
| Status: | Resolved <input type="checkbox"/> No Change <input type="checkbox"/> Modified <input type="checkbox"/> |
| Outcome/Modification: | |
| Staff Member Responsible: | Frequency: |

| |
|--|
| Comments: <u>inmate continues to function well in Populator - continue therapeutic interventions</u> |
|--|

Second Page attached: Yes ☐ No ☐

| Treatment Team Members | |
|--|-----------------------|
| Psychiatrist: <u>W. Earnshaw M.D.</u> | Date: <u>10-11-05</u> |
| Mental Health Nurse: <u>Sharon Spr</u> | Date: <u>7-6-05</u> |
| Treatment Coordinator: <u>High Wood M.S.</u> | Date: <u>7/6/05</u> |
| Inmate Agreement: <u>Stephen Lindsay</u> | Date: <u>7-6/05</u> |
| Next Treatment Plan Review by: | (within six months) |

| | |
|--|------------------------|
| Inmate Name <u>Lindsey, Stephen</u> | AIS # <u>207044</u> |
|--|------------------------|

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AR462- October 5, 2001

PHS000047

**ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
TREATMENT PLAN: OUTPATIENT CARE**

Treatment Plan Initiated On: 1/18/05 Treatment Coordinator: Linda Dodd M.S.

Inmate's Housing Location: 228 Institution: Holman

DSM IV Diagnosis:

Axis I: PTSD (molestation) self injurious behavior

Axis II: Mixed

Axis III: Review Chart

Axis IV: depression

Axis V: NAK - 55

| | |
|-----------------------------|--|
| Problem #1 | <u>Self-injurious behavior</u> |
| Goal: | <u>Eliminate attempts at self-injury</u> |
| Target Date for Resolution: | <u>6 months</u> |
| Intervention: | <u>1. Identify life factors that precede self-injurious behavior.</u> <u>2. Assist in developing appropriate strategies to deal w/ stress</u> |
| Staff Member Responsible: | <u>MHP/PHD</u> Frequency: <u>92/30</u> |

| | |
|-----------------------------|--|
| Problem #2 | <u>intrusive thoughts that recall traumatic events</u> |
| Goal: | <u>Reduce neg. impact that molestation has had on many aspects of life & return to previous level of func.</u> |
| Target Date for Resolution: | <u>6 months</u> |
| Intervention: | <u>1. Practice & implement relaxation training as a coping mechanism for dealing w/ stress, panic, anxiety</u> <u>2. Replace neg. self-defeating thoughts w/ positive accurate self-empowerment</u> |
| Staff Member Responsible: | <u>MHP/PHD</u> Frequency: <u>92/30</u> |

| | |
|-----------------------------|------------|
| Problem #3 | |
| Goal: | |
| Target Date for Resolution: | |
| Intervention: | |
| Staff Member Responsible: | Frequency: |

Second Page attached: Yes ☐ No ☐

Treatment Team Members

Psychiatrist: A. Eganhouse M.D. Date: 1-18-05

Mental Health Nurse: Linda Dodd M.S. Date: 1-18-05

Treatment Coordinator: Linda Dodd M.S. Date: 1/18/05

Inmate Agreement: Stephen Lindsey Date: 1/18/05

Treatment Plan Review by: _____ (within six months)

| | | | |
|-------------|-------------------------|-------|---------------|
| Inmate Name | <u>Lindsey, Stephen</u> | AIS # | <u>207044</u> |
|-------------|-------------------------|-------|---------------|

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PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Stephon Lindsay Date of Request: 1. 27. 05
 ID # 207044 Date of Birth: 9. 6. 77 Location: 3 Cell. B. 71. T
 Nature of problem or request: I have a tooth that needs to be pulled. It's a tooth that was filled in the past. Sometime my gums bleed in the area of my mouth where the to is located.

Stephon Lindsay
Signature

DO NOT WRITE BELOW THIS LINE

Date: 2 / 3 / 05
 Time: _____ AM PM
 Allergies: _____

| |
|----------------------------------|
| RECEIVED |
| Date: <u>1-25-5</u> |
| Time: <u>1200</u> |
| Receiving Nurse Intials <u>h</u> |

(S)ubjective: Same as above

(O)bjective (V/S): T P R BP WT

(A)ssessment: Pt needs exam to check for Ext or adjustment of filling

(P)lan: Pt to be sched. for dental TX.

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()
 Was MD/PA on call notified: Yes () No ()

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K. Stephens
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE
 YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

**CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM**

Print Name: Stephen Lindsay Date of Request: 12-4-2000
ID #: 207044 Date of Birth: 9-6-77 Housing Location: C1-215
Nature of problem or request: I HAVE TWO CAVITIES THAT I HEREBY ASK
TO HAVE FILLED? THANK YOU.

I consent to be treated by health staff for the condition described.

Stephen Lindsay
SIGNATURE

**PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA**

HEALTH CARE DOCUMENTATION

Subjective:

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Objective: BP _____ P _____ R _____ T _____

Assessment: Caries #29432

Plan:

sp #29432

10 pages signed

Refer to: _____ PA/Physician _____ Mental Health ☒ Dental

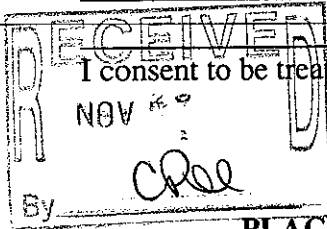
Signature: [Signature] Title: Dentist Date: 1/8/01 Time: 1000

**CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM**

Print Name: Stephon Lindsay Date of Request: ~~11-11-2000~~ ²⁴12-11-2000

ID #: 207044 Date of Birth: 9-6-77 Housing Location: _____

Nature of problem or request: I HAVE two cavities that I hereby asked
to have filled? THANK You.



I consent to be treated by health staff for the condition described.

Stephon Lindsay
SIGNATURE

**PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA**

HEALTH CARE DOCUMENTATION

Subjective:

Objective: BP _____ P _____ R _____ T _____

copysigned

Assessment:

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Plan:

11/30/00 2:15pm seg unable to bring at this
time - will call for again

12/1/00 - 40 #16 up

Refer to: _____ PA/Physician _____ Mental Health ☒ Dental

Signature: CPO Title: _____ Date: 12/1/00 Time: 845

CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM

Print Name: STEPHON LINDSAY Date of Request: 10-4-000
ID #: 207044 Date of Birth: 9-6-77 Housing Location: R1-207
Nature of problem or request: I HAVE 3 CAVITIES THAT ARE TROUBLING ME.
AND WITH THIS SICK CALL SLIP, I ASK TO HAVE THE CAVITIES THAT ARE
TROUBLING ME FILLED.

I consent to be treated by health staff for the condition described.

Stephon Lindsay
SIGNATURE

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

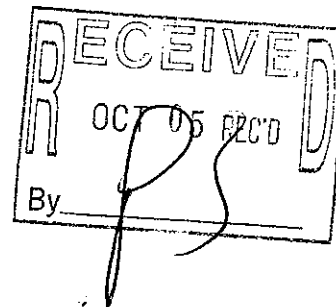
Subjective:

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Objective: BP _____ P _____ R _____ T _____

Assessment:

Plan:



Refer to: _____ PA/Physician _____ Mental Health / Dental

Signature: CP Title: _____ Date: 10/6/00 Time: _____

**CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM**

Print Name: Stephen Lindsay Date of Request: 12-7-99

ID #: 207044 Date of Birth: 9-6-77 Housing Location: M-Dorm

Nature of problem or request: I HAVE three teeth that I have to get pulled.
The Cold weather were experiencing in the morning makes them ache
I also have three other teeth that are bothering me. These three
need cleaning. The gum around these three teeth bleed and ache a lot.
I consent to be treated by health staff for the condition described.

Stephen Lindsay
SIGNATURE

**PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA**

HEALTH CARE DOCUMENTATION

Subjective:

Objective: BP _____ P _____ R _____ T _____

Assessment:

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Plan:

No Show

Refer to: _____ PA/Physician _____ Mental Health _____ Dental

Signature: M. Squire Title: RPH Date: 12-8-99 Time: 2:00pm

AL

DEPARTMENT OF CORRECTIONS

Name: Lindsay Stephen

RADIOLOGY SERVICES REQUEST AND REPORT

State ID No: 207044

INSTITUTION: Bullhead

DOB: 9-6-77

Race: Blk Sex: Male

NOTE: PERTINENT CLINICAL INFORMATION AND TENTATIVE DIAGNOSIS MUST BE PROVIDED FOR X-RAY EXAMINATION TO BE PERFORMED

| | | | | | |
|---|-----------------------------------|-----------------|----------|----------|---------------------------------|
| Requesting Physician/P.A./N.P. <u>Subbag</u> | Date of request <u>11/8/07</u> | Time of request | Location | Priority | Transportation or special needs |
|---|-----------------------------------|-----------------|----------|----------|---------------------------------|

HISTORY/DIAGNOSIS:

X-Ray (L) arm + (L) lower leg
spain mid shaft
of Tib/Fib

| X-RAY REQUEST | | | |
|---|--------------|--------------------|---------------------------|
| ABDOMEN/PELVIS | FINGERS | MANUBRIUM VIEW | SOFT TISSUE STUDIES |
| ACROMIO-CLAVICULAR JOINT (R/W/O WEIGHT) | FOOT | ORBITS | STERNUM |
| ANKLE | HAND | OF CALCUS (HEEL) | TEMPORO-MANDIBULAR JOINTS |
| CERVICAL SPINE | HIP | ELITE | THORACIC SPINE |
| CHEST PA / LATERAL | HUMERUS | HAZARDUSULNA (L) | TIMAPICULA (L) |
| COCYX | KNEE | IBIS | TOES |
| CONE DOWN BELLATURICA | LUMBAR SPINE | SACRO-ILIAC JOINTS | WREST |
| ELITE | MANDIBLE | SCAPULA | ZYGOMA |
| FACIAL BONES | MAXILLA | SHOULDER | ZYGOMATIC ARCH |
| FEMUR | NASAL BONES | SKULL | |

REPORT

Lindsay

TIBIA AND FIBULA: There is no evidence of any definite bony abnormality. The AP view, however is underpenetrated, which limits evaluation of the tibia and fibula. If symptoms persist, follow up would be suggested.

LEFT FOREARM: There is a transverse fracture involving the distal shaft of the left ulna with mild deformity at the fracture site. No other fractures are identified.

IMPRESSION: ACUTE FRACTURE DISTAL LEFT ULNAR SHAFT.

D & T: 01-11-07 Howard P. Schiele, M.D./km Board Certified Radiologist (Signature on file)

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 NOT TO BE PHOTO COPIED

X-RAY TECHNOLOGIST'S NAME (PRINT)

X-RAY TECHNOLOGIST'S SIGNATURE

DATE, TIME EXAM PERFORMED

RADIOLOGIST'S NAME (PRINT)

RADIOLOGIST'S SIGNATURE

DATE SIGNED

PHS000054

AL

DEPARTMENT OF CORRECTIONS

RADIOLOGY SERVICES REQUEST AND REPORT

INSTITUTION: Bullock

Name: Lindsey Stephen

State ID No: 207044

DOB: 9-6-77

Race: B Sex: M

NOTE: PERTINENT CLINICAL INFORMATION AND TENTATIVE DIAGNOSIS MUST BE PROVIDED FOR X-RAY EXAMINATION TO BE PERFORMED

| | | | | | |
|---|-----------------------------------|-----------------|---------|----------|---------------------------------|
| Requesting Physician/PA/NP <u>Dr. Siddig</u> | Date of request <u>1-31-06</u> | Time of request | Routine | Priority | Transportation or special needs |
|---|-----------------------------------|-----------------|---------|----------|---------------------------------|

HISTORY/DIAGNOSIS:

X-ray L arm through partial cast

X-RAY REQUEST

| | | | |
|---|--------------|--------------------|---------------------------|
| ABDOMEN/KUB | FINGERS | NAVICULAR VIEW | SOFT TISSUE STUDIES |
| ACROMIO-CLAVICULAR JOINTS (W/WO WEIGHT) | FOOT | ORBITS | STERNUM |
| ANKLE | HAND | OS CALCEI (HEEL) | TEMPORO-MANDIBULAR JOINTS |
| CERVICAL SPINE | HIP | PELVIS | THORACIC SPINE |
| CHEST PA / LATERAL | HUMERUS | RADIUS/ULNA | TIBIA/FIBULA |
| COCCYX | KNEE | RIBS | TOES |
| CONE DOWN SELLA TURCICA | LUMBAR SPINE | SACRO-ILIAC JOINTS | ✓ WRIST (C) |
| ELBOW | MANDIBLE | SCAPULA | ZYGOMA |
| FACIAL BONES | MAXILLA | SHOULDER | ZYGOMATIC ARCH |
| FEMUR | NASAL BONES | SKULL | <u>Arm left</u> |

REPORT

Lindsey

LEFT WRIST: The left wrist area is enclosed in a splint fixing the fracture of the distal ulnar. The wrist itself appears to be intact on the basis of these films.

IMPRESSION: POSTSURGICAL CHANGES INVOLVING THE DISTAL ULNAR THAT REMAINS IN GOOD POSITION AND ALIGNMENT.

D & T: 02-01-07 Maurice H. Rowell/km Board Certified Radiologist (Signature on file)

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X-RAY TECHNOLOGIST'S NAME (PRINT)

X-RAY TECHNOLOGIST'S SIGNATURE

DATE, TIME EXAM PERFORMED

RADIOLOGIST'S NAME (PRINT)

RADIOLOGIST'S SIGNATURE

DATE SIGNED

BioReference
LABORATORIES

| | | | | | |
|----------------------------|---|---------------------------------------|------------------------------------|--------------------------------------|----------|
| D O C T O R | BULLOCK CORR. FAC. 104 BULLOCK DR. HWY.82 UNION SPRINGS, AL 36089 | | BOOK/CASE: | | |
| | (A0112-6) Bio-Net Print | | -FINAL- Original Report 01/17/2007 | | |
| NAME LINDSAY, STEPHON | | PATIENT I.D. / ROOM NO. 207044.383 | | DOCTOR / GROUP NAME SIDDIQ, TAHIR | |
| LAB I.D. NO. 103464284 | | DATE COLLECTED 01/16/2007 11:04 AM | | DATE RECEIVED 01/17/2007 10:38 | |
| | | DATE OF REPORT 01/17/2007 10:38 | | AGE 29 Y | SEX M |

| Test Description | Result | Abnormal | Reference Range |
|------------------|--------|----------|-----------------|
|------------------|--------|----------|-----------------|

Tests Ordered : CBC W/DIFF & PLTS, ,

-----* HEMATOLOGY *-----

| | | | |
|----------------|------|------------|--------|
| WBC | 6.6 | 3.40-11.80 | x10(3) |
| RBC | 5.2 | 4.20-5.90 | x10(6) |
| HGB | 14.8 | 12.3-17.0 | gm/dl |
| HCT | 45.5 | 39.3-52.5 | % |
| MCV | 87.0 | 80.0-100.0 | FL |
| MCH | 28.3 | 25.0-34.1 | pg |
| MCHC | 32.5 | 30.0-35.0 | gm/dl |
| RDW | 13.1 | 10.9-16.9 | % |
| POLYS | 49 | 36-78 | % |
| LYMPHS | 38 | 12-48 | % |
| EOS | 4 | 0-8 | % |
| BASOS | 1 | 0-2 | % |
| MONOS | 8 | 0-13 | % |
| Platelet Count | 237 | 144-400 | x10(3) |

Final Report

Page: 1

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James Weisberger, M.D.
LABORATORY DIRECTOR481 EDWARD H. ROSS DR.
ELMWOOD PARK, NJ 07407
1-800-229-LABS

42PH000056

UTILIZATION MANAGEMENT REFERRAL REVIEW FORM

Form must be Complete and Legible. You must Type or Print
Please send this form with the Authorization Letter to the service provider at the time of the Appointment

FHS

DEMOGRAPHICS

| | | |
|--|---|---|
| Site Name & Number: BULLOCK 832 | Patient Name: (Last, First) Lindsay Stephen | Date: (mm/dd/yy) 01.16.06 |
| Site Phone # (334) 738-5625 | Alias: (Last, First) | Date of Birth: (mm/dd/yy) 09.06.77 |
| Site Fax # (334) 738-8753 | Intake # 207044 | PNS Custody Date: (mm/dd/yy) |
| Will there be a charge? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | Potential Release Date: (mm/dd/yy) 00.00.00 |

RECEIVED JAN 16 2007

Responsible party: ☒ FHS ☐ Health Ins. (Excludes Medicare/Medicaid Managed Care alternative plans)
☐ Auto Ins. ☐ Other, be specific (Excludes Medicare, Medicaid and Veterans Administration Services)

CLINICAL DATA

| | |
|--|--|
| Requesting Provider: <input checked="" type="checkbox"/> Physician <input type="checkbox"/> NP, PA <input type="checkbox"/> Dental | History of Illness/Injury/symptoms with Date of Onset: Inmate E Fractured Forearm needing surgery on 1/19/07 |
| Facility Medical Director Signature and Date: | Results of a complaint directed physical examination: Fractured ulna |
| <input type="checkbox"/> Service meets criteria for "approval via protocol" | Previous treatment and response (including medications): |
| Place a check mark (✓) in the Service Type requested (one only) and complete additional applicable fields. <input type="checkbox"/> Office Visit (OV) <input type="checkbox"/> X-ray (XR) <input type="checkbox"/> Scheduled Admission (SA) <input checked="" type="checkbox"/> Outpatient Surgery (OS) <input type="checkbox"/> Dialysis (DA) <input type="checkbox"/> Routine <input type="checkbox"/> Urgent Estimated Date of Service (mm/dd/yy) (This starts the approval window for the "open authorization period") Multiple Visits/Treatments: <input type="checkbox"/> Radiation therapy Number of Visits/Treatments: <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Other: | Specialist referred as: Baptist East Dr. Chung Type of Consultation, Treatment, Procedure or Surgery: Dr. Chung 813.82 Adv Diagnosis: Fractured ulna ICD-9 code: You must include copies of pertinent reports such as lab results, ray interpretations and specialty consult reports with this form. <input type="checkbox"/> Pertinent Documents have been attached and faxed. |
| UM DETERMINATION: <input type="checkbox"/> Alternative Treatment Plan (explain here): <input type="checkbox"/> More Information Requested: (See Attached) <input type="checkbox"/> Resubmitted with requested information. | For security and safety, please do not inform patient of possible follow-up appointments*** |

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Regional Medical Director Signature, printed name and date required:

Do not write below this line. For Case Manager and Corporate Data Entry ONLY

| | | |
|--------------------------|------------------------|----------------------------|
| Cert. Type: DS DS | CPT code: 25560 | UR Auth #: 16867782 |
|--------------------------|------------------------|----------------------------|

05a - UM Referral review form

Idmet

UTILIZATION MANAGEMENT REFERRAL REVIEW FORM

Form must be Complete and Legible. You must Type or Print
Please send this form with the Authorization Letter to the service provider at the time of the Appointment

PHS

DEMOGRAPHICS

Site Name & Number:

BULLOCK 832

Site Phone #

(334) 738-5625

Site Fax #

(334) 738-8763

Will there be a charge?

☒ Yes ☐ No

Sex

☒ Male ☐ Female

Patient Name: (Last, First)

Lindsay Stephen

Alias: (Last, First)

Inmate #

207044

SS Number

Date: (mm/dd/yy)

01/23/07

Date of Birth: (mm/dd/yy)

09/06/77

PHS Custody Date: (mm/dd/yy)

Potential Release Date: (mm/dd/yy)

00/00/00

RECEIVED JAN 23 2007

Responsible party:

☒ PHS

☐ Auto Ins.

☐ Health Ins. (Excludes Medicare/Medicaid Managed Care alternative plans)

☐ Other, be specific (Excludes Medicare, Medicaid and Veterans Administration Services):

CLINICAL DATA

Requesting Provider:

☒ Physician

☒ NP, PA

☐ Dental

Facility Medical Director Signature and Date:

☐ Service meets criteria for "approval via protocol"

Place a check mark (✓) in the Service Type requested (one only) and complete additional applicable fields.

☒ Office Visit (OV)

☐ X-ray (XR)

☐ Scheduled Admission (SA)

☐ Outpatient Surgery (OS)

☐ Dialysis (DA)

☐ Routine

☐ Urgent

Estimated Date of Service (mm/dd/yy)

(This starts the approval window for the "open authorization period")

Multiple Visits/Treatments:

☐ Radiation therapy

☐ Chemotherapy

Number of Visits/Treatments:

☐ Other:

Specialist referred to:

Dr. Chung

Type of Consultation, Treatment, Procedure or Surgery:

Diagnosis:

ICD-9 code:

You must include copies of pertinent reports such as lab results, ray interpretations and specialty consult reports with this form.

☐ Pertinent Documents have been attached and filed.

History of illness/injury/symptoms with Date of Onset:

Pl after surgery to fractured Forearm

Results of a complaint directed physical examination:

Cast

Previous treatment and response (including medications):

Schif

For security and safety, please do not inform patient of possible follow-up appointments

UM DETERMINATION:

☐ Alternative Treatment Plan (explain here):

☐ More Information Requested: (See Attached)

☐ Resubmitted with requested information.

☒ Offsite Service Recommended and Authorized

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Date resubmitted:

Regional Medical Director Signature, printed name and date required:

Signature: [Signature] Date: 1/22/07

Do not write below this line. For Case Manager and Corporate Data Entry ONLY.

Case Type:

Mod Class:

CPT code:

99024

UR Auth #:

16878343

| | | | |
|------------------------------|--|---------------------------|----------------------|
| Patient Name: | Lindsay, Stephon | Inmate Number: | 207044LI |
| Service Authorized: | Office Visits: Op Surgical Followup Referral | Effective Dates: | 01/22/2007 |
| Effective: | Visits authorized for 60 days from effective date. | Visits Authorized: | 1 |
| Responsible Facility: | Bullock Correctional Facility | Contact Name: | Michelle Pope |
| Authorization Number: | 16878343 | Telephone Number: | (334)395-5973 Ext 14 |

Note to Provider of Services:

- Medicare/Medicaid do not cover any health services provided to an inmate in custody, except in certain circumstances not applicable to this inmate.
- Authorization is diagnosis and procedure specific. Any additional tests, procedures, and inpatient or outpatient services must receive prior authorization to ensure benefit eligibility and payment. (Use above contact name and telephone number)
- Authorization for payment of service is guaranteed only if service is provided during the actual time of confinement to the referring correctional facility.
- HIPAA: Please be advised Prison Health Services, Inc. ("PHS") is not a covered entity under HIPAA's Rule on the Privacy of Individually Identifiable Health Information Standard ("Privacy Rule"). Because PHS does not engage in electronic transactions under HIPAA's Electronic Transactions and Code Set Standards ("Transaction Standards"), HIPAA's Privacy Rule does not apply to PHS.
- Payment will not be processed until we receive a clinical summary.

For Payment Please Submit Claims To:

Prison Health Services
 Attn: Claims Department
 105 West Park Drive, #200
 Brentwood, TN 37024-0967

**The consulting physician should complete this section.
 The completed form will be sealed in the attached envelope and
 returned with an officer to the correctional facility.**

Clinical Summary or Attached Report

*flu shot & wdm & eye
 Ex wound clean
 minor scalp laceration
 p. Replace splint
 pre T wk for clip removal*

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***** For security and safety, please do not inform patient of possible follow-up appointments. *****

Signature of Consulting Physician: *[Signature]*

Date

Time

Reviewed and Signed By
 Medical Director: *[Signature]*

Date

Time

*Dr. Chung
 6436 Winton Blount
 Montgomery, AL
 260-2288
 February 5 at 10 AM*

01/22/2007

PHS000059

| | | | |
|------------------------------|--|---------------------------|----------------------|
| Patient Name: | Lindsay, Stephon | Inmate Number: | 207044LI |
| Service Authorized: | Office Visits: Op Surgical Followup Referral | Effective Dates: | 01/22/2007 |
| Effective: | Visits authorized for 60 days from effective date. | Visits Authorized: | 1 |
| Responsible Facility: | Bullock Correctional Facility | Contact Name: | Michelle Pope |
| Authorization Number: | 16878343 | Telephone Number: | (334)395-5973 Ext 14 |

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- Payment will not be processed until we receive a clinical summary.

For Payment Please Submit Claims To:

Prison Health Services
Attn: Claims Department
105 West Park Drive, #200
Brentwood, TN 37024-0967

**The consulting physician should complete this section.
The completed form will be sealed in the attached envelope and
returned with an officer to the correctional facility.**

Clinical Summary or Attached Report

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*** For security and safety, please do not inform patient of possible follow-up appointments. ***

Signature of Consulting Physician:

Date _____

Time

Reviewed and Signed By
Medical Director:

Date _____

Time

Dr. Chung
6936 Winton Blount
Montgomery, AL
260-2288
February 5 at 10^{Am}

01/22/2007

PHS000060

Please send this form with the Authorization Letter to the service provider at the time of the Appointment

PHS

DEMOGRAPHICS

| | | |
|--|---|---|
| Site Name & Number: BULLOCK 832 | Patient Name: (Last, First) Lindsay Stephan | Date: (mm/dd/yy) 01.23.07 |
| Site Phone # (334) 738-5625 | Alias: (Last, First) | Date of Birth: (mm/dd/yy) 09.06.77 |
| Site Fax # (334) 738-8763 | Inmate # 207044 | PHS Custody Date: (mm/dd/yy) 1/1 |
| Will there be a charge? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | Potential Release Date: (mm/dd/yy) 00.00.00 |

Responsible party: ☒ PHS ☐ Health Ins. (Excludes Medicare/Medicaid Managed Care alternative plans)
☐ Auto Ins. ☐ Other, be specific (Excludes Medicare, Medicaid and Veterans Administration Services):

CLINICAL DATA

Requesting Provider: ☒ Physician ☒ NP, PA ☐ Dental

Facility Medical Director Signature and Date:

☐ Service meets criteria for "approval via protocol"

Place a check mark (✓) in the Service Type requested (one only) and complete additional applicable fields.

☒ Office Visit (OV) ☐ X-ray (XR) ☐ Scheduled Admission (SA)
☐ Outpatient Surgery (OS) ☐ Dialysis (DA)

☐ Routine

☐ Urgent

Estimated Date of Service (mm/dd/yy)

(This starts the approval window for the "open authorization period")

Multiple Visits/Treatments:

☐ Radiation therapy

☐ Chemotherapy

Number of Visits/Treatments:

☐ Other:

Specialist referred to:

Dr. Chung

Type of Consultation, Treatment, Procedure or Surgery:

Dr. Chung

Diagnosis:

Fractured Forearm (ORIF)

ICD-9 code:

You must include copies of pertinent reports such as lab results, ray interpretations and specialty consult reports with this form.

☐ Pertinent Documents have been attached and faxed.

History of illness/injury/symptoms with Date of Onset:

Pl after surgery to fractured Forearm

Results of a complaint directed physical examination:

Cast

Previous treatment and response (including medications):

Schif

For security and safety, please do not inform patient of possible follow-up appointments

UM DETERMINATION:

☐ Offsite Service Recommended and Authorized

☐ Alternative Treatment Plan (explain here):

☐ More Information Requested: (See Attached)

☐ Resubmitted with requested information.

Date resubmitted:

Regional Medical Director Signature, printed name and date required:

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Do not write below this line. For Case Manager and Corporate Data Entry ONLY.

Cert Type:

Med Class:

CPT code:

UR Auth #:



STATE OF ALABAMA
INMATE HEALTHCARE AUTHORIZATION

Enrollment
Telephone (334) 833-5948
Toll Free (866) 853-1384
Fax (334) 240-1488

Blue Cross Blue Shield of Alabama
(877) 231-7239

Prison Health Services
Telephone (334) 395-5973
Toll Free (877) 279-1335
Fax (334) 395-8156

1/30/2007

| | | | |
|-------------------|-------------------------------|----------|----------|
| Inmate Name | LINDSAY , STEPHON | Inmate # | 00207044 |
| Facility Name | BULLOCK CORRECTIONAL FACILITY | | |
| Facility Address1 | POB 5107 | | |
| Facility Address2 | | | |
| City | UNION SPRINGS | | |
| State | AL | | |
| Zipcode | 36089 | | |

*** Attention Health Care Provider ***

For Hospital/Facility Claims:

All facility claims for inpatient and outpatient services should be submitted directly to Blue Cross and Blue Shield of Alabama. Please submit your facility charges to Blue Cross under group 57688 with contract number XAJ624592946 as you currently do for all other Blue Cross subscribers. This process applies to facility charges only and does not include physician services.

Utilization Management Review:

All concurrent in-patient reviews must be provided to PHS Regional Office in Montgomery. The contact person is Michelle Pope, Utilization Management Coordinator. (334) 395-5973 Ext 14

For charges not covered under SEIB - BC/BS Program:

For Payment, Please Submit Claims with Inmate number to:
Prison Health Services
P.O.Box 967
Brentwood TN 37024-0967

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- Medicare/Medicaid does not cover any health services provided to an inmate in custody, except in certain circumstances not applicable to this inmate.
- Authorization is diagnosis and procedure specific. Any additional tests, procedures, and inpatient or outpatient services must receive prior authorization to ensure benefit eligibility and payment. (Use above contact name and telephone number).
- Authorization for payment of service is guaranteed only if service is provided during the actual time of confinement to the referring correctional facility.
- HIPAA: Please be advised Prison Health Services, Inc. ("PHS") is not a covered entity under HIPAA's Rule on the Privacy of Individually Identifiable Health Information Standard ("Privacy Rule"). Because PHS does not engage in electronic transactions under HIPAA's Electronic Transactions and Code Set Standards ("Transaction Standards"), HIPAA's Privacy Rule does not apply to PHS.
- Payment will not be processed until a clinical summary is received.

UTILIZATION MANAGEMENT REFERRAL REVIEW FORM

Please send this form with the Authorization Letter to the service provider at the time of the Appointment

DEMOGRAPHICS

| | | |
|---|--|---|
| Site Name & Number: BULLOCK 832 | Patient Name (Last, First): Lindsay, Stephen | Date: (mm/dd/yy) 01.10.07 |
| Site Phone #: (334) 738-5625 | Address (Last, First): | Date of Birth: (mm/dd/yy) 09.06.77 |
| Site Fax #: (334) 738-8763 | Insurance #: 207044 | PHS Custody Date: (mm/dd/yy) |
| Will there be a change? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | SS Number: | Potential Release Date: (mm/dd/yy) 00.00.00 |
| Responsible party: <input checked="" type="checkbox"/> PHS <input type="checkbox"/> Auto Ins. | <input type="checkbox"/> Health Ins. (Excludes Medicare/Medicaid Managed Care alternative plans) <input type="checkbox"/> Other, be specific (Excludes Medicare, Medicaid and Veterans Administration Services) | |

RECEIVED JAN 10 2007

CLINICAL DATA

Requesting Provider: ☒ Physician ☐ NP, PA ☐ Dentist

Facility Medical Director Signature and Date:

☐ Service needs criteria for approval via protocol

Place a check mark (✓) in the Service Type requested (one only) and complete additional applicable fields.

☒ Office Visit (OV) ☐ X-ray (XR) ☐ Scheduled Admission (SA)
☐ Outpatient Surgery (OS) ☐ Intake (IT)

☐ Routine ☐ Urgent

Estimated Date of Service (mm/dd/yy): **1/10/07**
(This states the approval window for the "open authorization period")

Multiple Visits/Treatments: ☐ Radiation Therapy
Number of Visits/Treatments: **1** ☐ Chemotherapy
☐ Other:

Specialist referred to: **Dr. Chung**

Type of Consultation, Treatment, Procedure or Surgery:

Dr. Chung
Diagnosis: **Fractured Ulna**
ICD-9 code:

You must include copies of pertinent reports such as lab results, ray interpretations and specialty consult reports with this form.
☐ Patient documents have been attached and filed

History of illness/previous conditions with Date of Onset:
Inmate - Fractured Ulnar shaft

Results of a complaint directed physical examination:

2 fingers

Previous treatment and response (including medications):

Aspirin

For security and safety, please do not inform patient of possible follow-up appointments

UM DETERMINATION

☐ Alternative Treatment Plan (explain here):

☐ More Information Requested: (See Attached)

☐ Reimbursed with requested information.

Regional Medical Director Signature, printed name and date required:

☒ OK'd Service Recommended and Authorized

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Do not write below this line. For Case Manager and Corporate Data Entry ONLY.

| | | |
|---------------------|------------------------|--------------------------|
| Den Type: OV | Mod Code: 99201 | UR Auth: 10851579 |
|---------------------|------------------------|--------------------------|



%
E0701800445 LINDSAY, STEPHON
DOB: 09/06/77 Age: 29Y MR #: 297831
Admit Date/Time: 01/19/07 0916A
2015 CHUNG, TAI Q



PHYSICIAN'S ORDERS

Height: _____ Weight: _____
Drug Sensitivities and Allergies ☐ NKDA ☐ Yes, list: _____

New Admissions Only:

1. Diagnosis:

2. Admit Status:

☐ Inpatient Admission

☐ Outpatient Status

☐ Observation Status

| Date | Time | |
|---------|------|--|
| | | Dh |
| 1/19/07 | | Please make a Xerox copy of my orders for his records to return to his facility |
| | | ① Elevate to air |
| | | ② Change dressing on leg split on |
| | | ③ Vaseline to psoriasis program Cephalexin 500 mg po qid x 2d |
| | | ④ Bottom bunk bed |
| | | ⑤ See me in the WH |
| | | Stephony |
| | | ASLASHAN 1/19/07 1045 |
| | | 11/7/07 |
| | | Physician Signature: |

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The following abbreviations are not to be written or used!

| | | | | | | | | |
|-------------------------|---------------------------|---------------------------------|----|------|-------|---|--------------|----|
| Q.O.D., QOD, q.o.d, qod | Trailing zero (X.0 mg) | Lack of leading zero (.X mg) | MS | MSO4 | MgSO4 | U | q.d., QD, qd | IU |
|-------------------------|---------------------------|---------------------------------|----|------|-------|---|--------------|----|

Form #PH 35001 Revised 11/18/05



PH 350

PRISON HEALTH SERVICES AUTHORIZATION LETTER

| | | | |
|------------------------------|--|---------------------------|----------------------|
| Patient Name: | Lindsay, Stephon | Inmate Number: | 207044LI |
| Service Authorized: | Outpatient Surgery: Op One Day Surgery | Effective Dates: | 01/16/2007 |
| Effective: | Visits authorized for 60 days from effective date. | Visits Authorized: | 1 |
| Responsible Facility: | Bullock Correctional Facility | Contact Name: | Michelle Pope |
| Authorization Number: | 16867782 | Telephone Number: | (334)395-5973 Ext 14 |

Note to Provider of Services:

- Medicare/Medicaid do not cover any health services provided to an inmate in custody, except in certain circumstances not applicable to this inmate.
- Authorization is diagnosis and procedure specific. Any additional tests, procedures, and inpatient or outpatient services must receive prior authorization to ensure benefit eligibility and payment. (Use above contact name and telephone number)
- Authorization for payment of service is guaranteed only if service is provided during the actual time of confinement to the referring correctional facility.
- HIPAA: Please be advised Prison Health Services, Inc. ("PHS") is not a covered entity under HIPAA's Rule on the Privacy of Individually Identifiable Health Information Standard ("Privacy Rule"). Because PHS does not engage in electronic transactions under HIPAA's Electronic Transactions and Code Set Standards ("Transaction Standards"), HIPAA's Privacy Rule does not apply to PHS.
- Payment will not be processed until we receive a clinical summary.

For Payment Please Submit Claims To:

Prison Health Services
Attn: Claims Department
105 West Park Drive, #200
Brentwood, TN 37024-0967

**The consulting physician should complete this section.
The completed form will be sealed in the attached envelope and
returned with an officer to the correctional facility.**

Clinical Summary or Attached Report

**FOR PROFESSIONAL USE ONLY
CONFIDENTIAL RECORD
NOT TO BE PHOTO COPIED**

***** For security and safety, please do not inform patient of possible follow-up appointments. *****

Signature of Consulting Physician:

Date

Time

Reviewed and Signed By
Medical Director:

Date

Time

Baptist East Hospital - Dr. Chung
Montgomery, AL
January 19 at 9:30
Surgery

01/17/2007

PHS000065

Form must be Complete and Legible. You must Type or Print.

Please send this form with the Authorization Letter to the service provider at the time of the Appointment

PHS

DEMOGRAPHICS

Site Name & Number:

BULLOCK 832

Site Phone #

(3 3 4) 7 3 8 - 5 6 2 5

Site Fax #

(3 3 4) 7 3 8 - 8 7 6 3

Patient Name: (Last, First,)

Lindsay Stephan

Alias: (Last, First)

Inmate #

207044

SS Number

Date: (mm/dd/yy)

01/16/06

Date of Birth: (mm/dd/yy)

09/06/77

PHS Custody Date: (mm/dd/yy)

Potential Release Date: (mm/dd/yy)

00/00/00

Will there be a charge?

☒ Yes ☐ No

Sex

☒ Male ☐ Female

Responsible party:

☒ PHS☐ Auto Ins.☐ Health Ins. (Excludes Medicare/Medicaid Managed Care alternative plans)☐ Other, be specific (Excludes Medicare, Medicaid and Veterans Administration Services):

CLINICAL DATA

Requesting Provider:

☒ Physician☐ NP, PA☐ Dental

Facility Medical Director Signature and Date:

☐ Service meets criteria for "approval via protocol"

Place a check mark (✓) in the Service Type requested (one only) and complete additional applicable fields.

☐ Office Visit (OV)☐ X-ray (XR)☐ Scheduled Admission (SA)☒ Outpatient Surgery (OS)☐ Dialysis (DA)☐ Routine☐ Urgent

Estimated Date of Service (mm/dd/yy)

(This starts the approval window for the "open authorization period")

Multiple Visits/Treatments:

☐ Radiation therapy☐ Chemotherapy

Number of Visits/Treatments: _____

☐ Other: _____

Specialist referred to:

Baptist East - Dr. Chung

Type of Consultation, Treatment, Procedure or Surgery:

Diagnosis:

ICD-9 code:

You must include copies of pertinent reports such as lab results, x ray interpretations and specialty consult reports with this form.

☐ Pertinent Documents have been attached and faxed.

History of illness/injury/symptoms with Date of Onset:

Inmate E Fracture of
Forearm needing surgery
on 1/19/07

Results of a complaint directed physical examination:

Fractured ulna

Previous treatment and response (including medications):

Adv

For security and safety, please do not inform patient of possible follow-up appointments

UM DETERMINATION:

☐ Offsite Service Recommended and Authorized☐ Alternative Treatment Plan (explain here):☐ More Information Requested: (See Attached)☐ Resubmitted with requested information.

Date resubmitted:

Regional Medical Director Signature,
printed name and date required:FOR PROFESSIONAL USE ONLY
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Do not write below this line. For Case Manager and Corporate Data Entry ONLY.

Cert Type:

Med Class:

CPT code:

UR Auth #:



STATE OF ALABAMA INMATE HEALTHCARE AUTHORIZATION

Enrollment
Telephone (334) 833-5948
Toll Free (866) 853-1384
Fax (334) 240-1488

Blue Cross Blue Shield of Alabama
(877) 231-7239

Prison Health Services
Telephone (334) 395-5973
Toll Free (877) 279-1335
Fax (334) 395-8156

1/16/2007

| | | | |
|-------------------|-------------------------------|----------|----------|
| Inmate Name | LINDSAY, STEPHON | Inmate # | 00207044 |
| Facility Name | BULLOCK CORRECTIONAL FACILITY | | |
| Facility Address1 | POB 5107 | | |
| Facility Address2 | | | |
| City | UNION SPRINGS | | |
| State | AL | | |
| Zipcode | 36089 | | |

*** Attention Health Care Provider ***

For Hospital/Facility Claims:

All facility claims for inpatient and outpatient services should be submitted directly to Blue Cross and Blue Shield of Alabama. Please submit your facility charges to Blue Cross under group **57688** with contract number **XAJ624592946** as you currently do for all other Blue Cross subscribers. This process applies to facility charges only and does not include physician services.

Utilization Management Review:

All concurrent in-patient reviews must be provided to PHS Regional Office in Montgomery. The contact person is Michelle Pope, Utilization Management Coordinator. (334) 395-5973 Ext 14

For charges not covered under SEIB - BC/BS Program:

For Payment, Please Submit Claims with Inmate number to:
Prison Health Services
P.O.Box 967
Brentwood TN 37024-0967

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NOT TO BE PHOTO COPIED**

- Medicare/Medicaid does not cover any health services provided to an inmate in custody, except in certain circumstances not applicable to this inmate.
- Authorization is diagnosis and procedure specific. Any additional tests, procedures, and inpatient or outpatient services must receive prior authorization to ensure benefit eligibility and payment. (Use above contact name and telephone number).
- Authorization for payment of service is guaranteed only if service is provided during the actual time of confinement to the referring correctional facility.
- HIPAA: Please be advised Prison Health Services, Inc. ("PHS") is not a covered entity under HIPAA's Rule on the Privacy of Individually Identifiable Health Information Standard ("Privacy Rule"). Because PHS does not engage in electronic transactions under HIPAA's Electronic Transactions and Code Set Standards ("Transaction Standards"), HIPAA's Privacy Rule does not apply to PHS.
- Payment will not be processed until a clinical summary is received.

PRISON HEALTH SERVICES: AUTHORIZATION LETTER

| | | | |
|------------------------------|--|---------------------------|----------------------|
| Patient Name: | Lindsay, Stephon | Inmate Number: | 207044LI |
| Service Authorized: | Office Visits: Op Orthopedics Referral | Effective Dates: | 01/10/2007 |
| Effective: | Visits authorized for 60 days from effective date. | Visits Authorized: | 1 |
| Responsible Facility: | Bullock Correctional Facility | Contact Name: | Michelle Pope |
| Authorization Number: | 16851579 | Telephone Number: | (334)395-5973 Ext 14 |

Note to Provider of Services:

- Medicare/Medicaid do not cover any health services provided to an inmate in custody, except in certain circumstances not applicable to this inmate.
- Authorization is diagnosis and procedure specific. Any additional tests, procedures, and inpatient or outpatient services must receive prior authorization to ensure benefit eligibility and payment. (Use above contact name and telephone number)
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- Payment will not be processed until we receive a clinical summary.

For Payment Please Submit Claims To:

Prison Health Services
Attn: Claims Department
105 West Park Drive, #200
Brentwood, TN 37024-0967

**The consulting physician should complete this section.
The completed form will be sealed in the attached envelope and
returned with an officer to the correctional facility.**

Clinical Summary or Attached Report

Hit by a rock 1/8/07 w/ @ Jona - pa - 4 pr - 4
Ex - P under direct uls
last 1/8/07, saw on some redness/pulse @
ul - 2/8/07 direct uls shift @ ~ 3/4 in diameter
f. Down options - can vs. surgery. It's with surgery. Will schedule

*** For security and safety, please do not inform patient of possible follow-up appointments. ***

Signature of Consulting Physician:

Isabel G

Date

1/13/07

Time

Reviewed and Signed By
Medical Director:

Dr. Chung
6936 Winton Blount
Montgomery, AL
260-2288
January 12 at 10¹⁵

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01/10/2007

PHS000068

TAI Q. CHUNG M.D.

DATE 1/14/07NAME Stephen Lindsay

PHONE _____ HOME _____ WORK _____

PROCEDURE ORIF @ a/rn.DX fr. C. uln CPT _____

WHERE _____ OUTPATIENT

TIME NEEDED 45'ANESTHESIA GENERAL BLOCK _____ LOCAL _____ CHOICE _____SPECIAL EQUIPMENT Small fragment & C-arm

ASSISTANT _____

LABS _____

BLOOD TRANSFUSIONS _____

OTHER INSTRUCTIONS _____

SURGERY OR TEST DATE _____

INSURANCE INFORMATION _____

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Stephan Lindsay
Patient Information



PHYSICIAN'S ORDERS

Height: _____ Weight: _____
Drug Sensitivities and Allergies ☐ NKDA ☐ Yes, list: _____

| Date | Time | ROUTINE PRE OPERATIVE ORDERS |
|----------------|------|---|
| | | DR. <i>JM CAWLE</i> |
| | | 1. Operative permit for: <i>Open reduction and internal fixation</i> |
| <i>1/12/08</i> | | 2. LAB: check appropriate diagnosis <i>(L) also</i> |
| | | A. _____ CBC: |
| | | _____ Pre op patient [V72 83] _____ Abdominal pain |
| | | _____ Long term use of medications _____ Other |
| | | _____ Fever |
| | | B. _____ TYPE & SCREEN |
| | | C. _____ CHEM 7: |
| | | _____ Edema _____ Nephropathology |
| | | _____ Hypertensive disease _____ Dizziness |
| | | _____ Long term use of medications _____ Other |
| | | _____ Diabetic |
| | | D. _____ PT PTT |
| | | _____ Known or suspected _____ Cirrhosis hepatitis |
| | | _____ coagulation abnormality _____ CHF |
| | | _____ Anticoagulatn therapy _____ Cardiac dysrhythmia |
| | | _____ Hemorrhage or anemia _____ Dysfunctional uterine bleeding |
| | | _____ Pulmonary congestion _____ Menorrhagia |
| | | _____ Other |
| | | E. _____ DRUG LEVELS: circle appropriate drug |
| | | _____ Patients taking Digoxin Tegretol Theophylline Dilantin Depakote |
| | | _____ Phenobarb |
| | | _____ Other |
| | | F. _____ URINE PREGNANCY |
| | | _____ On all menstruating females |
| | | FOR PROFESSIONAL USE ONLY |
| | | CONFIDENTIAL RECORD |
| | | NOT TO BE PHOTO COPIED |
| | | Physician Signature: <i>[Signature]</i> |

Page 1 of 2

The following abbreviations are not to be written or used!



PH 350

| | | | | | | | | |
|-------------------------|---------------------------|---------------------------------|----|------|-------|---|--------------|----|
| Q.O.D., QOD, q.o.d, qod | Trailing zero (X.0 mg) | Lack of leading zero (.X mg) | MS | MSO4 | MgSO4 | U | q.d., QD, qd | IU |
|-------------------------|---------------------------|---------------------------------|----|------|-------|---|--------------|----|

Patient Information



PHYSICIAN'S ORDERS

Height: _____ Weight: _____

Drug Sensitivities and Allergies ☐ NKDA ☐ Yes, list: _____

| Date | Time | ROUTINE PRE OPERATIVE ORDERS DR. _____ |
|------|------|--|
| | | G. UA: |
| | | _____ Diabetic _____ Fever |
| | | _____ Renal glycosuria _____ Dysuria |
| | | _____ Dehydration _____ Abdominal & pelvic pain |
| | | _____ Stress incontinence _____ Long term use medication |
| | | H. ADDITIONAL LAB TESTS: |
| | | 3. EKG: |
| | | _____ MVP/murmur or other _____ Tachycardia/palpitation |
| | | _____ valve disorder _____ Ischemic heart disease (hx MI) |
| | | _____ Chest pain discomfort _____ Dizziness |
| | | _____ pressure _____ Other |
| | | _____ Hypertensive disease |
| | | _____ Pulmonary congestion & hypostasis (CHF) |
| | | _____ Electrolyte/fluid abnormality |
| | | 4. CHEST XRAY: |
| | | _____ Existing pulmonary disease (asthma COPD etc) |
| | | Specify: |
| | | _____ Existing cardiac disease (hypertension CHF etc) |
| | | _____ Internal Injury |
| | | _____ Fever |
| | | _____ Cough |
| | | _____ Disorders of bone & cartilage (arthritis) |
| | | _____ Other |
| | | 5.) Antibiotic: |
| | | 6.) NPO after midnight |
| | | 7.) <input type="checkbox"/> TED or <input type="checkbox"/> SCD hose prior to surgery |
| | | 8.) Other Orders: |
| | | 9. Anesthesia Consult <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Physician Signature: |

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Page 2 of 2

The following abbreviations are not to be written or used!



PH 350

| | | | | | | | | |
|-------------------------|---------------------------|---------------------------------|----|------|-------|---|--------------|----|
| Q.O.D., QOD, q.o.d, qod | Trailing zero (X.0 mg) | Lack of leading zero (.X mg) | MS | MSO4 | MgSO4 | U | q.d., QD, qd | IU |
|-------------------------|---------------------------|---------------------------------|----|------|-------|---|--------------|----|

Form #PH 35020

Revised 11/18/05

PHS000071

PRISON HEALTH SERVICES: AUTHORIZATION LETTER

| | | | |
|------------------------------|--|---------------------------|----------------------|
| Patient Name: | Lindsay, Stephon | Inmate Number: | 207044LI |
| Service Authorized: | Office Visits: Op Orthopedics Referral | Effective Dates: | 01/10/2007 |
| Effective: | Visits authorized for 60 days from effective date. | Visits Authorized: | 1 |
| Responsible Facility: | Bullock Correctional Facility | Contact Name: | Michelle Pope |
| Authorization Number: | 16851579 | Telephone Number: | (334)395-5973 Ext 14 |

Note to Provider of Services:

- Medicare/Medicaid do not cover any health services provided to an inmate in custody, except in certain circumstances not applicable to this inmate.
- Authorization is diagnosis and procedure specific. Any additional tests, procedures, and inpatient or outpatient services must receive prior authorization to ensure benefit eligibility and payment. (Use above contact name and telephone number)
- Authorization for payment of service is guaranteed only if service is provided during the actual time of confinement to the referring correctional facility.
- HIPAA: Please be advised Prison Health Services, Inc. ("PHS") is not a covered entity under HIPAA's Rule on the Privacy of Individually Identifiable Health Information Standard ("Privacy Rule"). Because PHS does not engage in electronic transactions under HIPAA's Electronic Transactions and Code Set Standards ("Transaction Standards"), HIPAA's Privacy Rule does not apply to PHS.
- Payment will not be processed until we receive a clinical summary.

For Payment Please Submit Claims To:

Prison Health Services
 Attn: Claims Department
 105 West Park Drive, #200
 Brentwood, TN 37024-0967

**The consulting physician should complete this section.
 The completed form will be sealed in the attached envelope and
 returned with an officer to the correctional facility.**

Clinical Summary or Attached Report

**FOR PROFESSIONAL USE ONLY
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 NOT TO BE PHOTO COPIED**

***** For security and safety, please do not inform patient of possible follow-up appointments. *****

Signature of Consulting Physician:

Date

Time

Reviewed and Signed By
 Medical Director:

Date

Time

*Dr. Chung
 6936 Winton Blount
 Montgomery, AL
 260-2288
 12 at 10¹⁵*

01/10/2007

PHS000072

UTILIZATION MANAGEMENT REFERRAL REVIEW FORM

Form must be complete and legible. You must Type or Print.
Please send this form with the Authorization Letter to the service provider at the time of the Appointment

PHS

DEMOGRAPHICS

Site Name & Number:

BULLOCK 832

Site Phone #

(3 3 4) 7 3 8 - 5 6 2 5

Site Fax #

(3 3 4) 7 3 8 - 8 7 6 3

Patient Name: (Last, First)

Lindsay, Stephen

Alias: (Last, First)

Inmate #

207044

SS Number

Date: (mm/dd/yy)

01.10.07

Date of Birth: (mm/dd/yy)

09.06.77

PHS Custody Date: (mm/dd/yy)

Potential Release Date: (mm/dd/yy)

00.00.00

Will there be a charge?

☒ Yes ☐ No

Sex

☒ Male ☐ Female

Responsible party:

☒ PHS☐ Auto Ins.☐ Health Ins. (Excludes Medicare/Medicaid Managed Care alternative plans)☐ Other, be specific: (Excludes Medicare, Medicaid and Veterans Administration Services)

CLINICAL DATA

Requesting Provider:

☒ Physician☐ NP, PA☐ Dental

Facility Medical Director Signature and Date:

☐ Service meets criteria for "approval via protocol"

Place a check mark (✓) in the Service Type requested (one only) and complete additional applicable fields.

☒ Office Visit (OV)☐ X-ray (XR)☐ Scheduled Admission (SA)☐ Outpatient Surgery (OS)☐ Dialysis (DA)☐ Routine☐ Urgent

Estimated Date of Service (mm/dd/yy)

(This starts the approval window for the "open authorization period")

Multiple Visits/Treatments:

☐ Radiation therapy☐ Chemotherapy

Number of Visits/Treatments:

☐ Other:

Specialist referred to:

Dr. Chung

Type of Consultation, Treatment, Procedure or Surgery:

Dr. Chung

Diagnosis:

ICD-9 code:

Fractured Ulna

You must include copies of pertinent reports such as lab results, x-ray interpretations and specialty consult reports with this form.

☐ Pertinent Documents have been attached and faxed.

History of Illness/injury/symptoms with Date of Onset:

Inmate - Fractured Ulnar shaft

Results of a complaint directed physical examination:

Referring

Previous treatment and response (including medications):

Adv

For security and safety, please do not inform patient of possible follow-up appointments

UM DETERMINATION:

☐ Alternative Treatment Plan (explain here):☐ More Information Requested: (See Attached)☐ Resubmitted with requested information.☐ Offsite Service Recommended and Authorized

Date resubmitted:

Regional Medical Director Signature, printed name and date required:

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Do not write below this line. For Case Manager and Corporate Data Entry ONLY.

Cert Type:

Med Class:

CPT code:

UR Auth #:



STATE OF ALABAMA INMATE HEALTHCARE AUTHORIZATION

Enrollment
Telephone (334) 833-5948
Toll Free (866) 853-1384
Fax (334) 240-1488

Blue Cross Blue Shield of Alabama
(877) 231-7239

Prison Health Services
Telephone (334) 395-5973
Toll Free (877) 279-1335
Fax (334) 395-8156

1/11/2007

| | | | |
|-------------------|-------------------------------|----------|----------|
| Inmate Name | LINDSAY , STEPHON | Inmate # | 00207044 |
| Facility Name | BULLOCK CORRECTIONAL FACILITY | | |
| Facility Address1 | POB 5107 | | |
| Facility Address2 | | | |
| City | UNION SPRINGS | | |
| State | AL | | |
| Zipcode | 36089 | | |

*** Attention Health Care Provider ***

For Hospital/Facility Claims:

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Prison Health Services
P.O.Box 967
Brentwood TN 37024-0967

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- Payment will not be processed until a clinical summary is received.

Facility Name: Bullock Month/Year of Charting: 4/07

| Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
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| 1100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1700 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Amoxicillin 500mg
PO TID x 10 Days

Start Date: 4/2/07 Prescriber: Siddig
Stop Date: 4/13/07 RX #:

| Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
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| 0400 | 99 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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OTM ÷ PO TID
x 10 Days

Start Date: 4/2/07 Prescriber: Siddig
Stop Date: 4/13/07 RX #:

| Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
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| 0400 | 99 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1700 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Start Date: Prescriber:
Stop Date: RX #:

| Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
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Start Date: Prescriber:
Stop Date: RX #:

| Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
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Start Date: Prescriber:
Stop Date: RX #:

| Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
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FOR PROFESSIONAL USE ONLY
CONFIDENTIAL RECORD
NOT TO BE PHOTO COPIED

| | | | | | |
|---------------------------------------|---------------------|-----------|-----------------------|-----------|---|
| Diagnosis | Nurse's Signature | Initial | Nurse's Signature | Initial | Documentation Codes |
| | <u>P. Mayin WPN</u> | <u>PM</u> | <u>J. Wallace WPN</u> | <u>JW</u> | 1. Discontinued Order 2. Refused 3. Patient out of facility 4. Charted in Error 5. Lock Down 6. Self Administered 7. Medication out of Stock 8. Medication Held 9. No Show 10. Other |
| Allergies | | | | | |
| Housing Unit: | | | | | |
| Patient ID Number: <u>207044</u> | | | | | |
| Patient Name: <u>Lindsey, Stephen</u> | | | | | |
| | | | Date of Birth: | | |

PHS000076

| Facility Name: <u>Bullock</u> | | Month/Year of Charting: <u>1/07</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|------|-------------------------------------|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
| Percogesic $\frac{11}{16}$ po tid x 2 days | 0400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1700 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Start Date: <u>1/20/07</u> | | Prescriber: <u>Siddig</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop Date: <u>1/22/07</u> | | RX #: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cephalexin 500mg tid x 2 days | 0400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1700 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Start Date: <u>1/20/07</u> | | Prescriber: <u>Siddig</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop Date: <u>1/22/07</u> | | RX #: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Change dsq to ARM PRN | P | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | R | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Start Date: <u>1/20/07</u> | | Prescriber: <u>Siddig</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop Date: <u>1/31/07</u> | | RX #: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Start Date: | | Prescriber: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop Date: | | RX #: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Start Date: | | Prescriber: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop Date: | | RX #: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Start Date: | | Prescriber: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop Date: | | RX #: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 NOT TO BE PHOTO COPIED

| | | | | | |
|---------------------------------------|-------------------|-----------|-------------------|-----------|----------------------------|
| Diagnosis | Nurse's Signature | Initial | Nurse's Signature | Initial | Documentation Codes |
| Allergies <u>NKA</u> | <u>A. Roberts</u> | <u>SR</u> | <u>P. Hines</u> | <u>PP</u> | 1. Discontinued Order |
| Housing Unit: | <u>James</u> | <u>JP</u> | <u>A. Hines</u> | <u>PH</u> | 2. Refused |
| Patient ID Number: <u>207044</u> | | | | | 3. Patient out of facility |
| Patient Name: <u>Pondso V Stephen</u> | | | | | 4. Charted in Error |
| | | | | | 5. Lock Down |
| | | | | | 6. Self Administered |
| | | | | | 7. Medication out of Stock |
| | | | | | 8. Medication Held |
| | | | | | 9. No Show |
| | | | | | 10. Other |

PHS000077

[illegible]

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| | | | | |
|-----------------------------------|--------|---------|-----|------|
| INMATE NAME (LAST, FIRST, MIDDLE) | DOC# | DOB | R/S | FAC. |
| Lindsey, Stephen | 207044 | 9-16-77 | B/m | VCF |



DEPARTMENT OF CORRECTIONS TRANSFER & RECEIVING SCREENING FORM

RECEIVED: Inmate/Health Record

Institution: VenturaDate: 4-05-07 Time: 1755 AM/PM

RECEIVED FROM:

Institution/Work Release Center/Free-World Hospital

RECEIVING MEDICAL STATUS

☒ Population☐ Infirmary☐ Isolation

RELEASED: Inmate/Health Record

Institution: Bullock

Date: _____ Time: _____ AM/PM

RELEASE FROM:

☐ Infirmary ☐ Segregation☐ Population ☐ Mental Health☐ Other _____

RELEASE TO:

☐ DOC ☐ Infirmary ☐ Mental Health☐ _____

Institution/Work Release Center/Free-World Hospital

ALLERGIES:

NKA

PHYSICAL EXAMINATION

Date of last exam: 02-05-06

Chest X-Ray Date: _____ Result: _____

PPD Reading 02-07-06 Negative

Classification: _____

Limitations: _____

LAB RESULTS - - LAST REPORT

| | Date | Normal | Abnormal |
|------------|-------|--------------------------|--------------------------|
| CBC | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Urinalysis | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Wears Glasses/Contacts ☐Dental Prosthesis ☐Hearing Aide ☐Other Prosthesis ☐

YES

NO

Plate (D) cumB. Lide RN

Receiving Nurse

CURRENT OR CHRONIC MEDICAL/DENTAL/MENTAL HEALTH PROBLEMS OR COMPLAINTS

CURRENT MEDICATION - - DOSAGE AND FREQUENCY

MEDICATIONS

☐ Sent w / inmate☐ Not sent w / inmate

X-RAY FILM

☐ Sent w / inmate☐ Not sent w / inmate

HEALTH RECORD

☐ Sent w / inmate☐ Not sent w / inmate

Released to: _____

Date: _____ Time: _____ AM/PM

MEDICATIONS

☐ Received☐ Not Received

X-RAY FILM

☐ Received☐ Not Received

HEALTH RECORD

☒ Received☐ Not Received

CHART REVIEWED

☒ YES☐ NOReceived by: B. Lide RN

Signature of Receiving Nurse

Date: 4-05-07 Time: 1755 AM/PM

SCHEDULE FOR CHRONIC CARE CLINIC

DATE: _____ LAST CLINIC: _____

FOLLOW-UP CARE NEEDED

☐ Medical☐ Dental☐ Mental HealthNURSING ASSESSMENT (SENDING NURSE)
(Noted from health record documentation)

| | Yes | No |
|-----------------|--------------------------|--------------------------|
| HISTORY | | |
| Drug Use | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental Illness | <input type="checkbox"/> | <input type="checkbox"/> |
| Suicide Attempt | <input type="checkbox"/> | <input type="checkbox"/> |
| Chronic Care | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--------|--------------|--------------------------|--------------------------|
| STATUS | Special Diet | <input type="checkbox"/> | <input type="checkbox"/> |
| | Appearance | <input type="checkbox"/> | <input type="checkbox"/> |

OTHER PERTINENT NURSING ASSESSMENT

NURSING ASSESSMENT (RECEIVING NURSE)
(Noted from inmate assessment)

| | Yes | No |
|--------------|-------------------------------------|-------------------------------------|
| SKIN | | |
| Open Sores | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Lice | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Edema | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Warm & Dry | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Cool & Moist | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

| | | | |
|-----------|---------------|-------------------------------------|-------------------------------------|
| CONDITION | Alert | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | Oriented | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | Uncooperative | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Depressed | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

INTAKE Edema LLE @ X'sSick Call Procedures Explained yesHeight 6'1"Weight 160#Blood Pressure 140/90Temperature 89.4Pulse Resp. 80/20Other ↓ strength (D) cum

Signature of Nurse Completing Assessment (Sending Nurse)

Date

Signature of Intake Screening Nurse (Receiving Nurse)

Date

INMATE NAME (LAST, FIRST, MIDDLE)

DOC#

DOB

Race/Sex

FAC.

Lindsey, Stephen2070449-6-77B/mBullock

Nursing Evaluation Tool:

Upper Respiratory
Complaints

Facility: Alabama Department of Corrections

Patient Name: Lindsay StephenInmate Number: 207644^{Last}Date of Birth: 9 19 177^{MM DD YYYY}Date of Report: 4 12 07^{MM DD YYYY}Time Seen: 0500^{MM DD} AM PM Circle OneSubjective: Chief Complaint(s): ☒ Runny/Stuffy Nose ☐ Sneezing ☐ Sore Throat ☐ Swollen Glands ☒ Headache ☐ Fever

(Check All That Apply)

☐ Malaise ☐ Earache Cough: ☐ No ☒ Yes: ☐ Non-productive ☒ Productive: (sputum description): Yellowish-red☐ Other: _____Onset: X 2 weekHistory: None relevant

(Continue on back if necessary)

History of Asthma: ☒ No ☐ YesCardiac/CHF history: ☒ No ☐ Yes☐ Check Here if additional notes on backHistory of HIV Disease: ☒ No ☐ YesObjective: Vital Signs: (If Indicated) T: 98.4 P: 82 RR: 20 B/P: 130 / 80 wt 158Eyes: ☐ Clear ☐ Watery ☐ Injected (red) Drainage: ☐ No ☐ Yes: _____Nose: Congestion: ☐ No ☒ Yes Drainage: ☒ No ☐ Yes: _____Throat examination: ☒ Normal ☐ Red ☐ Enlarged tonsils ☐ EdematousNeck: ☒ Normal ☐ Enlarged Lymph Nodes

Lung sounds:

Right

☒ Clear
☐ Diminished
☐ Crackles
☐ Rhonchi
☐ Wheezing

Left

☒
☐
☐
☐
☐☐ Additional Examination: _____

(Continue on back if necessary)

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☐ Check Here if continued on back

Assessment: (Referral Status)

☐ Referral NOT RequiredPreliminary Determination(s): Cold symptoms☒ Referral Required referral due to the following: (Check all that apply)☐ Abnormal Vital Signs☐ Inability to swallow☐ Significant shortness of breath☐ Recurrent Complaint (More than 2 visits)☐ Abnormal Lung exam☐ Significant Wheezing which does not improve with inhaler☐ Other: _____

Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.

Plan: Check All That Apply:

☒ Advise rest and oral fluid intake☒ Warm saline gargles PRN☒ If no referral is made, advise to return in 3 - 5 days if symptoms have not resolved☒ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☒ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)☐ Other: _____

(Describe)

☐ OTC Medications given (CTM 4 mg, Tylenol 650 mg Bid po pm x 2 days) ☒ NO ☐ YES (If Yes List): _____Referral: ☐ NO ☒ YES (If Yes, Whom/Where): Dr. SiddigDate for referral: 4 12 07^{MM DD YYYY}Referral Type: ☒ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?): _____

Time _____

Nurses Signature: Martha JacksonName: Martha Jackson LPN

Printed

Time _____



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: Stephon Lindsay Date of Request: 4.2.07
 ID # 207044 Date of Birth: 9.6.77 Location: E2-27A
 Nature of problem or request: I have a cold / I ask for cold
medicine treatment to help me get over it

Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
 Time: AM PM
 Allergies:

| | |
|--------------------------|----|
| RECEIVED | |
| Date: <u>4/22/07</u> | C7 |
| Time: <u>2:00</u> | |
| Receiving Nurse Initials | |

(S)ubjective:

(O)bjective (V/S) T: P: R: BP: WT:

(A)ssessment:

(P)lan:

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Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()
 Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: Stephon Lindsay Date of Request: 4-2-07
 ID # 207044 Date of Birth: 9-6-77 Location: E2-27A
 Nature of problem or request: I ask to have my teeth checked
and cleaned please?

Thank You
Stephon Lindsay
 Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
 Time: AM PM
 Allergies:

| | |
|--------------------------|----|
| RECEIVED | |
| Date: <u>4/02/07</u> | Cf |
| Time: <u>2:00</u> | |
| Receiving Nurse Initials | |

(S)ubjective:

(O)bjective (V/S): T: NO P: Shaw R: 4/3/07 BP: WT:

(A)ssessment:

(P)lan:

**FOR PROFESSIONAL USE ONLY
CONFIDENTIAL RECORD
NOT TO BE PHOTO COPIED**

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE
 Check One: ROUTINE () EMERGENCY ()
 If Emergency was PHS supervisor notified: Yes () No ()
 Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE
 YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Stephan Lindsay Date of Request: 3-9-07
ID # _____ Date of Birth: 9.6.77 Location: _____
Nature of problem or request: I have a cold and I ask to be put
on some type of sick note to help me get over it

Stephan Lindsay
Signature

DO NOT WRITE BELOW THIS LINE

Date: ____/____/____
Time: _____ AM PM
Allergies: _____

RECEIVED
Date: 03-09-07
Time: 2:50
Receiving Nurse Initials Cf

(S)ubjective:

(O)bjective **(V/S):** **T:** **P:** **R:** **BP:** **WT:**

(A)ssessment:

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(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE
YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Stephen Lindberg Date of Request: 3-8-07
ID # 25704 Date of Birth: 9-9-77 Location: 24-22-10
Nature of problem or request: I have a real bad cold and I ask to be
prescribed some type of cold medicine treatment.

Thank You!
Stephen Rindley
Signature

DO NOT WRITE BELOW THIS LINE

Date: ____/____/____
Time: _____ AM PM
Allergies: _____

RECEIVED
Date: 03/08/07
Time: 2:30
Receiving Nurse Initials: CF

(S)ubjective:

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: _____

(A)ssessment:

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(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

Print Name: Stephan Ludwig Date of Request: 8-2-07
ID # _____ Date of Birth: 9-6-77 Location: Sag Lake II
Nature of problem or request: I've agreed a cold and I ask to be
granted some cold medicine to be as good as I can.

Thank You
Helen Lindorf
Signature

Date: ____/____/____
Time: _____ AM PM
Allergies: _____

Date: _____
Time: _____
Receiving Nurse Initials _____

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NOT TO BE PHOTO COPIED

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

PHS000085



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: Sharon Linker Date of Request: 2-27-07
 ID # 207044 Date of Birth: 9-6-77 Location: Seg Cell
 Nature of problem or request: I have a slight cold and I am tired
I have been in the cell for 24 hours

Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
 Time: AM PM
 Allergies:

| |
|---|
| <p align="center">RECEIVED</p> <p>Date: _____</p> <p>Time: _____</p> <p>Receiving Nurse Initials _____</p> |
|---|

(S)ubjective:

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: _____

(A)ssessment:

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(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()
 Was MD/PA on call notified: Yes () No ()

 SIGNATURE AND TITLE

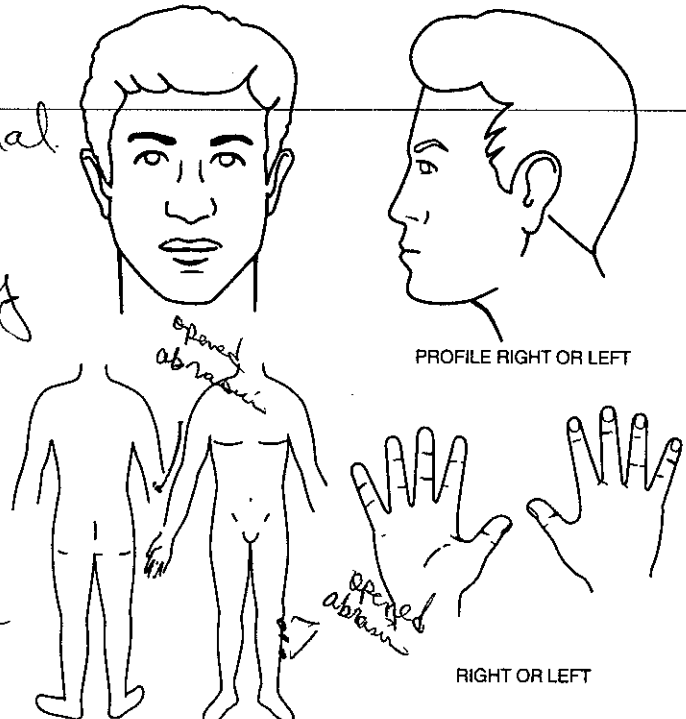
WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON
HEALTH
SERVICES
INCORPORATED

EMERGENCY

| | | | | | | |
|--|--|-----------------------|---|---------------|---|--|
| ADMISSION DATE 01/08/07 | | TIME 4:10 AM PM | ORIGINATING FACILITY PREF | | <input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OUTPATIENT | |
| ALLERGIES NKA | | | CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA | | | |
| VITAL SIGNS: TEMP _____ | | ORAL RECTAL | RESP. 22 | PULSE 76 | B/P 130/80 | RECHECK IF SYSTOLIC <100> 50 N/A |
| NATURE OF INJURY OR ILLNESS S- Body Chart for DOC | | | ABRASION /// CONTUSION # BURN xx FRACTURE Z LACERATION / SUTURES | | | |
| O- Bk male, escorted to Hx w/ band cuffed behind his back - Accompanied by several officers - male alert Oriented X3. Resp Reg & even Color adeq - Skin warm & dry Small abrasion noted back of elbow and lower leg on shin bone. Sustained (3) Medium size opened area | | |  <p>PROFILE RIGHT OR LEFT</p> <p>RIGHT OR LEFT</p> | | | |
| PHYSICAL EXAMINATION Chant. Checked & examined by Dr. Siddig - eyes reddened due to uses of Pepper Spray - A Alteration in Comfort to body injuries. | | | ORDERS / MEDICATIONS / IV FLUIDS TIME BY | | | |
| P- Eyes Nursed & Sterile eyes - Solution - - Area Cleanse H ₂ O ₂ + Iodine followed by Tetracycline - Administered PO tid x 10 days - X-Ray of Lower arm & lower leg. | | | FOR PROFESSIONAL USE ONLY CONFIDENTIAL RECORD NOT TO BE PHOTO COPIED | | | |
| DIAGNOSIS | | | | | | |
| INSTRUCTIONS TO PATIENT Return PRN | | | | | | |
| DISCHARGE DATE 01/8/07 | | TIME 4:30 AM PM | RELEASE / TRANSFERRED TO <input type="checkbox"/> DOC <input checked="" type="checkbox"/> AMBULANCE <input type="checkbox"/> | | CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL | |
| NURSE'S SIGNATURE Bebin | | DATE 1/8/07 | PHYSICIAN'S SIGNATURE [Signature] | | DATE | |
| INMATE NAME (LAST, FIRST, MIDDLE) Lindsay Stephen | | | DOC# 207044 | DOB 9/6/77 | R/S B/M | FAC. PREF |



DEPARTMENT OF CORRECTIONS TRANSFER & RECEIVING SCREENING FORM

RECEIVED: Inmate/Health Record

Institution: BullockDate: 8/10/06 Time: 1900 AM/PM

RECEIVED FROM:

Institution/Work Release Center/Free-World Hospital

RECEIVING MEDICAL STATUS

☒ Population☐ Infirmary☐ Isolation

RELEASED: Inmate/Health Record

Institution: HolmanDate: 7/27/06 Time: _____ AM/PM

RELEASE FROM:

☐ Infirmary ☐ Segregation☒ Population ☐ Mental Health☐ Other _____

RELEASE TO:

☐ DOC ☐ Infirmary ☐ Mental Health☐ _____

Institution/Work Release Center/Free-World Hospital

ALLERGIES:

PHYSICAL EXAMINATION

Date of last exam: _____

Chest X-Ray Date: _____ Result: _____

PPD Reading _____

Classification: _____

Limitations: _____

LAB RESULTS -- LAST REPORT

| | Date | Normal | Abnormal |
|------------|-------------|--------------------------|--------------------------|
| CBC | <u>NONE</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| Urinalysis | <u>NONE</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |

| | YES | NO |
|------------------------|--------------------------|-------------------------------------|
| Wears Glasses/Contacts | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Dental Prosthesis | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Hearing Aide | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Other Prosthesis | <input type="checkbox"/> | <input type="checkbox"/> |
| Receiving Nurse | <input type="checkbox"/> | <input type="checkbox"/> |

CURRENT OR CHRONIC MEDICAL/DENTAL/MENTAL HEALTH PROBLEMS OR COMPLAINTS

NONE

CURRENT MEDICATION -- DOSAGE AND FREQUENCY

NONE

MEDICATIONS ☐ Sent w / inmate ☒ Not sent w / inmate

X-RAY FILM ☐ Sent w / inmate ☒ Not sent w / inmate

HEALTH RECORD ☒ Sent w / inmate ☐ Not sent w / inmate

Released to: _____

Date: _____ Time: _____ AM/PM

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MEDICATIONS ☐ Received ☐ Not Received

X-RAY FILM ☐ Received ☐ Not Received

HEALTH RECORD ☒ Received ☐ Not Received

CHART REVIEWED ☒ YES ☐ NO

Received by: _____

Signature of Receiving Nurse

Date: 8/10/06 Time: 1900 AM/PM

SCHEDULE FOR CHRONIC CARE CLINIC

DATE: NONE LAST CLINIC: _____

FOLLOW-UP CARE NEEDED

☐ Medical ☐ Dental☐ Mental Health

Date _____ Time _____ With Whom - Location (Sending Nurse) _____ Date/Appt. Made w/Whom (Rec. Nurse) _____

NONE

NURSING ASSESSMENT (SENDING NURSE)
(Noted from health record documentation)

| | Yes | No |
|-----------------|--------------------------|-------------------------------------|
| HISTORY | | |
| Drug Use | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Mental Illness | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Suicide Attempt | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Chronic Care | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

| | | |
|--------------|--------------------------|-------------------------------------|
| STATUS | | |
| Special Diet | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Appearance | <u>u</u> | <input type="checkbox"/> |

OTHER PERTINENT NURSING ASSESSMENT

NURSING ASSESSMENT (RECEIVING NURSE)
(Noted from inmate assessment)

| | Yes | No |
|--------------|-------------------------------------|-------------------------------------|
| SKIN | | |
| Open Sores | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Lice | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Edema | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Warm & Dry | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Cool & Moist | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

| | | |
|---------------|-------------------------------------|-------------------------------------|
| CONDITION | | |
| Alert | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Oriented | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Uncooperative | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Depressed | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

INTAKE

Sick Call Procedures Explained Yes

Height _____

Weight _____

Blood Pressure _____

Temperature _____

Pulse Resp. _____

Other _____

Signature of Nurse Completing Assessment (Sending Nurse)

Date

Signature of Intake Screening Nurse (Receiving Nurse)

Date

INMATE NAME (LAST, FIRST, MIDDLE)

DOC#

DOB

Race/Sex

RAC.

Lindsay, Stephen2070449/16/77B/MHolman



PROGRESS NOTES

| Date/Time | Inmate's Name: | D.O.B.: |
|-------------------------|---|---------------|
| 1/28/06 T th | Lindsay, Stephen 207044 | 9/6/77 |
| | Rec'd @ Bullock & Vel I & I. Had lacerations & abrasions. | |
| 1/20/07 | Pt returned from Baptist H. Medical Center. Surgery on @ arm. Neg. dx & intact. Pt alert & oriented x 3. C/o some discomfort. Medication for pain given as ordered. Recommended f/u in 2 wks @ Dr. Chung. All confer @ M.D. DaSiddiq. | J. Roberts RN |

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PHS
PRISON
HEALTH
SERVICES
INCORPORATED

| Date/Time | Inmate's Name: | D.O.B.: | / | / |
|-----------|---|---------|---|---|
| 4/1/17 | <p>5) CORD</p> <p>1) LURN</p> <p>Corrupt</p> <p>Corrupt</p> <p>AURN</p> <p>Swirl girl Aurnil x100</p> | | | |

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PHS000090



MEDICAL RECORDS COPY



PHYSICIANS' ORDERS

| | |
|------------------------------|---|
| NAME: | DIAGNOSIS (If Chg'd) |
| D.O.B. / / | |
| ALLERGIES: | |
| Use Last Date / / | <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED |
| NAME: | DIAGNOSIS (If Chg'd) |
| D.O.B. / / | |
| ALLERGIES: | |
| Use Fourth Date / / | <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED |
| NAME: | DIAGNOSIS (If Chg'd) |
| D.O.B. / / | |
| ALLERGIES: | |
| Use Third Date / / | <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED |
| NAME: | DIAGNOSIS (If Chg'd) |
| D.O.B. / / | |
| ALLERGIES: | |
| Use Second Date / / | <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED |
| NAME: <i>Lindsey Stevens</i> | DIAGNOSIS: <i>Amoxil 500mg x100</i> |
| D.O.B. <i>11/11/76</i> | <i>CTMT 100mg x100</i> |
| ALLERGIES: <i>Penicillin</i> | |
| Use First Date / / | <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED |

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NaphCare, Inc.**Health Services Request Form**Inmate Name Stephon Lindsay Date of Request 4-12-2003AIS No. 207044 Date of Birth 9-6-77 Housing Loc. 10 B Seg.

Nature of problem or request I have a swollen area on the right side of my face. It started out as a small bump, but after I busted it, it quickly swole up and now the area on my face where ~~the bump was~~ is the swelling is located is aching and by way of this form I ask to have the swollen of my face examined/treated if possible.

Sign here for consent to be treated by health staff for the condition described above. Stephon Lindsay

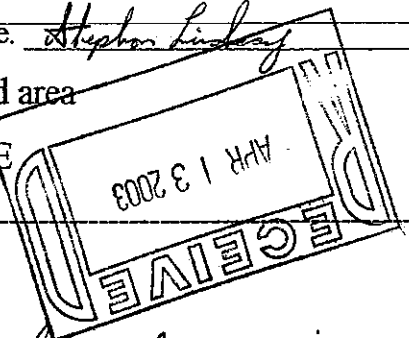
Place this slip in Medical Box or designated area

DO NOT WRITE BELOW THIS LINE

Health Care Documentation

Subjective: "I a raise bump on my face and my face is swollen"Objective: BP 110/80 P 74 R 20 T 98.8 WT 1640 stat 97 area on right side of face raised & dark scab on it no drainageAssessment: skin integrity altPlan: See Dr. Daboye
4-23-03Refer to: PA/Physician 4/14/03 Mental HealthEducation: Boil educational given
& education

Protocol used: (specify) _____

Signature AM Title am Time 1845 Date 4-13-03

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Health Services Request Form

Inmate Name Stephon Lindsay Date of Request 3-23-2003
AIS No. 207044 Date of Birth 9-6-77 Housing Loc. 10 B Seg
Nature of problem or request I have a risen on the back of my neck
and by way of this request I ask to have it examined?

Sign here for consent to be treated by health staff for the condition described above. Stephon Lindsay

Place this slip in Medical Box or designated area

DO NOT WRITE BELOW THIS LINE

Health Care Documentation

Subjective: "I got a risen on the back of my neck"

Objective: BP 120/80 P 78 R 20 T 97.8 WT 166
unable to see a raised area on back of
neck, no drainage noted, % area itchy

Assessment: skin integrity alt

Plan: See MSCoag
3-31-03

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Refer to: PA/Physician Coolley 3/28/03 Mental Health

Dental

Education: Bail protocol given and explained
Inmate stated he understood

Protocol used: (specify)

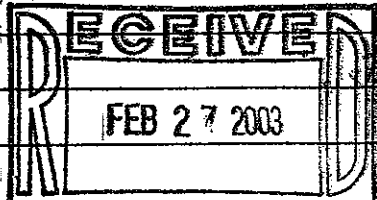
Signature AMark Title fm Time 1930 Date 3-24-03

Health Services Request Form

Inmate Name STEPHEN LINDSEY Date of Request 2-27-2003

AIS No. 207044 Date of Birth 9-6-77 Housing Loc. 8A-37T

Nature of problem or request On the back of my right thigh there is an area that is somewhat swollen and to ask that this area of my thigh be examined.



Sign here for consent to be treated by health staff for the condition described above. Stephen Lindsey

Place this slip in Medical Box or designated area

DO NOT WRITE BELOW THIS LINE

Health Care Documentation

Subjective: "I have a swollen thigh."

Objective: BP 120/80 P 82 R 18 T 98.4 WT 169
(R) upper outer thigh back side has a nickel size round no nodule
No redness or swelling noted to thigh.
Denies pain or tenderness Denies injury.

Assessment: Act in comfort.

Plan: To see March 7

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Refer to: PA/Physician 2/28/07 Mental Health Dental

Education: 10 Keep MD appt.

Protocol used: (specify)

Signature [Signature] Title PA Time 7:00 Date 2-27-03

NAPHCARE
HEALTH SERVICES REQUEST FORM

HOLMAN

Print Name: Stephon Lindsay Date of Request: ? Today!ID#: 207044 Date of Birth: 9.6.77 Housing Location: 13U7Nature of problem or request: At times, when I move, the left side of my
body ~~it~~ takes ~~place~~ in the area between my hip / ribcage.And so I ask that I be examined concerning my sick call request.

Sign here for consent to be treated by health staff for the condition described

RECEIVED JUN 9
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DO NOT WRITE BELOW THIS AREA

NKA

HEALTH CARE DOCUMENTATION

Subjective: "My side hurts between my hip & my ribcage.
Hurts about 4 days now. No new exercise. Haven't
hurt myself. Hurts if I move certain way like
reaching down tying my shoes. Aching type pain
all time. Occasionally, I don't have any money."Objective: BP 120/70 P 67 R 20 T 116 Wt 155 #
- alert & oriented x 3. Skin warm & dry to touch.
- abd. soft, not tender, not distended. (P) flank pain when
moves certain way. Lungs clear bilaterally. Ambulate c
steady gait.Assessment: attention in comfortPlan: Refer medical chart to MDDr. Millard McWhorter
Holman Health UnitRefer to: PA/Physician Mental Health DentalSignature: J. Williams Title: Dr Date: 6/6/06 Time: 0100

CORRECTIONAL MEDICAL SERVICES HEALTH SERVICES REQUEST FORM

Print Name: Stephon Lindsay Date of Request: 4.17.2000

ID #: 207044 Date of Birth: 9.6.77 Housing Location: C-13

Nature of problem or request: I have a slightly ^{scored} area on the sole of my left foot that was correctly treated as callus at St. Clair's Correctional Facility.

I was stationed here at Kilby Correctional Facility before my last treatment, which was medicated callus pads, and the problem appears to be recurring and I hereby ask to have it examined?

I consent to be treated by health staff for the condition described.

Stephon Lindsay
SIGNATURE

**PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA.
DO NOT WRITE BELOW THIS AREA**

***** **HEALTH CARE DOCUMENTATION**

Subjective: I have a hard callus on the bottom of my foot.

Objective: BP 140/90 P 80 R 20 T 97.9
A+O x3. Resp. regular & ease. Skin warm & dry to touch. Has small callus under lt. foot

Assessment: Alt. in comfort RIT callus under lt. foot

Plan: Apply callus removal pad to callus

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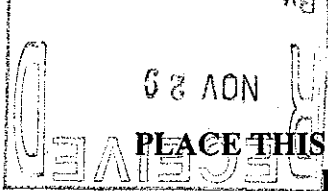
Refer to: ☒ PA/Physician ☐ Mental Health ☐ Dental

Signature: R. Burkett Title: LPN Date: 4/18/00 Time: 1100

**CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM**

Print Name: STEPHON LINDRAY Date of Request: 11-28-2000
ID #: 207044 Date of Birth: 9-6-77 Housing Location: C-15 ROOM 215

Nature of problem or request: I HAVE A RASH OR SOMETHING ON THE
SOLE OF MY LEFT FOOT, AND SLOWLY SPREADING, IT
APPEARS TO BE SOMEWHAT INFECTED, AND I ASK THAT A
DOCTOR OR SOME OF THAT NATURE HAVE A LOOK AT IT FOR ME?
I consent to be treated by health staff for the condition described. THANK YOU



Stephon Lindray
SIGNATURE

**PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA**

HEALTH CARE DOCUMENTATION

Subjective: Sore on bottom of @ foot since Sept 11, 2000

Objective: BP 110/76 P 72 R 20 T 98

lesion noted bottom @ foot. Slight edema noted
& drainage noted

Assessment: Alteration in skin integrity

Plan: Chart to M.D. **FOR PROFESSIONAL USE ONLY**
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12-1-00
1115
ajh

Refer to: PA/Physician Mental Health Dental

Signature: M. Bullard Title: LPN Date: 11/30/00 Time: 0025

INTRASYSTEM TRANSFER FOR...

HEALTH STATUS

Transferring Facility: KilbyName: Lindsay Steyer
Number: 207044 Race: B W H Other
Age: _____ Date of Birth: 9.6.77 Sex: M FDate: 12/14/99Time: 5:30 AM (PM)Allergies: NKDA

Food Handler Approved: Y / N

Current Acute Conditions/Problems: ØChronic Conditions/ Problems: Ø

Current Medications - Name, Dosage, Frequency, Duration:

Acute Short-term Medications: ØChronic Long-term Medications: ØChronic Psychotropic Medications: ØCurrent Treatments: ØFollow-up Care Needed: ØFOR PROFESSIONAL USE ONLY
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NOT TO BE PHOTO COPIEDLast PPD: 11.16.99 Results Ø mmsLast Physical: 11/16/99Chronic Clinics: ØSpecialty Referrals: ØSignificant Medical History: ØPhysical Disabilities/Limitations: ØAssistive Devices/Prosthetics: ØGlasses: ØContacts: Ø

Mental Health History/Concerns:

Substance Abuse: Y / N

Alcohol: Y / NDrugs: Y / NNOHx Suicide Attempt: Date: 1/1/+

Hx Psychotropic Medication

+

Previous Psychiatric Hospitalizations

Signature and Title: R. BURKETT, MD Date: 12.14.99

TRANSFER RECEPTION SCREENING

Date: 12/15/99 Time: 1810 AM (PM)S: Current Complaint: ØCurrent Medications/Treatment: Ø

O: Physical Appearance/Behavior:

Not seen by nurse @ this time.

Deformities: Acute/Chronic: _____

T _____ P _____ R _____ B/P _____

A: _____

Receiving Facility: SCCF

P: Disposition: (Instructions: Check or circle as appropriate)

____ Routine, Sick Call

____ Instructions Given

____ Emergency Referral

____ HIV/TB Instruction Given

____ Physician Referral:

____ Urgent / Routine

____ Medication Evaluation

____ Work/Program Limitation

____ Special Housing

____ Specialty Referrals

____ Chronic Clinics

____ Mental Health

____ OTHER

____ Infirmity Placement

Other: _____

Signature and Title: [Signature]